THE CANADIAN NURSE

ME 53 NUMBER 7
MONTREAL

Highlight for
JULY 1957

MACMILLAN AWARD ARTICLES

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R.A.O. HEADQUARTERS

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(Photo by Globe & Mail, Toronto)
(See page 597)

THE CANADIAN NURSES' ASSOCIATION

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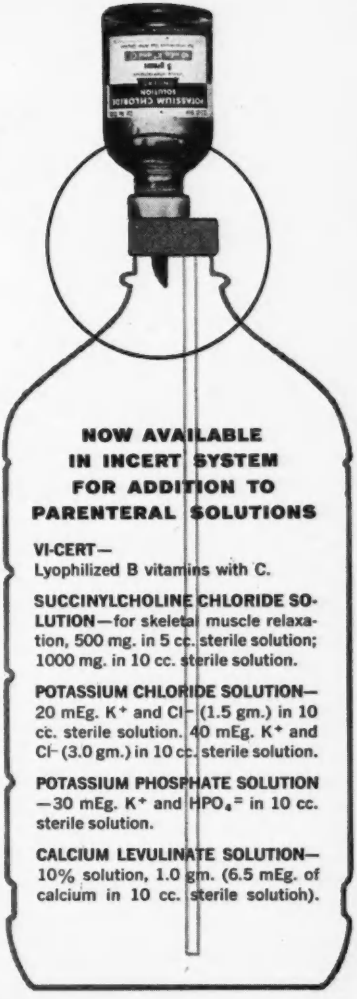

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THE CANADIAN NURSE

L'Infirmière canadienne

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JULY 1957

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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Between Ourselves

One of the eventual goals of the Editorial Board of *The Canadian Nurse* is to have a staff member in the role of a "roving reporter" who would spend much of her time travelling about our country studying new developments in nursing, then writing of her findings in the Journal. An assignment of this kind would require a considerable degree of physical stamina in the reporter; a broad understanding of and experience in nursing to enable her to go to the scene and from it winnow the seed of new ideas; a flair for writing that would enable her to interpret on paper the things she has seen and heard. An ambitious program, in truth! Its development awaits the all-important wherewithal for its implementation.

In the meantime, a small start is being made as our assistant editor, **Jean E. MacGregor**, can fit attendance at conventions and other gatherings into our busy office schedule. Her editorial this month evolved from a recent experience at the official opening of the new R.N.A.O. headquarters building.

* * *

Another official opening was celebrated in Ottawa on May 9 when His Excellency, the Right Honorable Vincent Massey, C.H., Governor General of Canada snipped a white satin ribbon in the doorway of 5 Blackburn Avenue and the **Victorian Order of Nurses for Canada** formally took possession of the first official home in its 60-year history. The headquarters was made available to the V.O.N. through the generous bequest of the late Russell Blackburn. The 18-room three storey house has been beautifully renovated and redecorated.

Miss **Ada Burns**, who was superintendent of the Saint John, N.B., branch of the V.O.N. a number of years ago, has sent us a tribute to the nurses of the Order that came into her hands. If you wish to be entertained turn to page 640.

* * *

The reactions of visitors to our office is interesting and sometimes rather surprising. A recent group of student nurses, as they were being shown about the various departments, appeared quite intrigued as they watched new name plates being cut on the graphotype, were fascinated as they watched the addressed envelopes pour out of the automatic addressograph at the rate of 70 a minute. The relative quiet and slow motion of the editorial section of the office baffled them. Said one bright-eyed youngster: "You people don't have anything interesting to do, do you?"

The routines of editing, typing, checking, proofreading, and putting together each month's issue does not have the noisy fanfare of some parts of the operation of a business such as this but it is an engrossing and rewarding experience. It has been particularly gratifying this month as we prepared the six articles that won prizes for the student authors in the **Macmillan Award** competition. Several of the nurses in that group were seniors who have completed their undergraduate courses now. One, at least, is married.

One of the significant conclusions that may be drawn from this collection of studies of comprehensive nursing care is the fact that such studies do not have to be based on new or rare disease conditions to be both readable and instructive. Everybody knows about the care following an appendectomy, you may say. How could that be made worthy of a prize? Read **Elizabeth Scanlin's** article and see. Or turn to **Phyllis Bakken's** article on a normal delivery. Absolutely straightforward, no complications, not a very worthwhile contribution? We certainly think it is. Let us have more such studies for they are the meat that nurtures our learning students.

* * *

July 1, 1957 marks the **90th anniversary** of Canada's emergence as an integrated nation. It is fitting, therefore, that we as nurses should consider, even briefly, our responsibilities as citizens. Mrs. **Ellen M. Drake** has given us some very thoughtful leads. May we suggest a few more lines of thought.

There are hundreds of nurses in Canada who have come here from foreign lands. It takes each of them five years of residence to acquire the rights of citizenship that are yours and mine by virtue of the fact we were born here. Do you teach them, by your example, that Canadian citizenship is worth while? Can you help them to learn something of the codes, practices and principles out of which the Canada of today has evolved? Will you try?

New Products

Edited by **DEAN F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

DEMEROL with ATROPINE

Manufacturer—Winthrop Laboratories of Canada Ltd., Windsor, Ont.

Description—Ampoules of 2 cc. containing 100 mg. demerol hydrochloride and 1/150 grain atropine sulphate.

Indications—For preoperative medication, gastrointestinal, biliary and renal colic, acute cardiospasm and pylorospasm.

Administration—Intramuscularly or subcutaneously.

DERMASIL

Manufacturer—Brent Laboratories Limited, Toronto 5.

Description—Water repellent, protective skin cream, mildly bactericidal and fungicidal, containing 30% silicones, 0.05% detergicide and 0.1% methylparaben.

Indications—In dermatological conditions, including diaper rash, occupational and contact dermatitis, fissures, colostomies, and whenever prophylaxis against skin irritants is indicated.

Administration—Apply a small quantity to exposed or irritated areas; frequency of applications to be governed by degree and duration of exposure to irritants.

NOVAHISTINE ELIXIR and NOVAHISTINE FORTIS CAPSULES

Manufacturer—E. B. Shuttleworth Limited, Toronto.

Description—Each 5 cc. novahistine elixir contains: Phenylephrine hydrochloride 5.0 mg., pheniramine maleate 12.5 mg., chloroform (approx.) 13.5 mg., l-menthol 1.0 mg.

Each capsule novahistine fortis contains: Phenylephrine hydrochloride 10.0 mg., pheniramine maleate 12.5 mg.

Indications—Primarily for relief of nasal congestion accompanying allergic rhinitis, sinusitis, or the common cold. Useful also for symptomatic treatment of spasmodic bronchial coughs, particularly those of allergic origin.

Administration—Elixir: Adults: two teaspoonfuls 3 or 4 times daily. Children: ½ the adult dose. Infants: under one year ¼ to ½ teaspoonful 3 or 4 times daily.

Capsules: Adults: two capsules 3 or 4 times daily. Children: ½ the adult dose.

ORIFER

Manufacturer—E. B. Shuttleworth Limited, Toronto.

Description—Iron, calcium, vitamin tablets. In the new formula, phosphorus (which may inhibit utilization of calcium) has been eliminated and calcium content has been increased. These changes reduce the hazard of leg cramps. Iron content has been maintained. Slow disintegration reduces hazard of gastric irritation.

Indication—Pregnancy supplement; provides nutritional insurance against the common dietary deficiencies of pregnancy.

Administration—One tablet 3 times daily with food.

PABIRIN AC

Manufacturer—Smith-Dorsey Division of A. Wander Limited, Peterborough, Ont.

Description—Each "sequential release" tablet contains: Hydrocortisone 2,5 mg., acetylsalicylic acid 300 mg., para-amino benzoic acid 300 mg., ascorbic acid 50 mg., dried aluminum hydroxide gel 100 mg.

Indications—Relieves pain, improves joint mobility and reduces fever and inflammation in rheumatoid arthritis and acute rheumatic fever.

Administration—Initially, 1 or 2 tablets 4 times daily after meals and before retiring. When dosage is reduced, it should be done gradually. Therapy should never be stopped abruptly.

VALLESTRIL TABLETS

Manufacturer—G. D. Searle & Co. of Canada, Ltd., Brampton, Ont.

Description—Brand of Methallenstril, a synthetic estrogen, 3-(6-methoxy-2, 2-dimethylpentanoic acid); tablets of 3 and 20 mg.

Indications—Indicated for the control of the symptoms of physiologic and artificial menopause, the pain of postmenopausal osteoporosis and osseous metastases of prostatic cancer, postmenopausal vaginitis and the suppression of lactation.

Administration—The suggested dosages are: menopausal syndrome, 6 mg. daily for 3 weeks, then 3 mg. daily for as long as required; lactation suppression, 40 mg. daily for five days; postmenopausal vaginitis, 6 mg. daily for 4 weeks; postmenopausal osteoporosis, 9 mg. daily for 2 weeks, then 3 mg. daily as maintenance therapy; prostatic carcinoma, 20 mg. daily, reduced if possible after the original manifestations are controlled. Therapy should be interrupted periodically to determine the need for further medication.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

PHENERGAN EXPECTORANT

Manufacturer—Poulenc Limited, Montreal.

Description—5 mg. phenergan and 10 mg. ephedrine HCl per 5 ml.; activities of phenergan combined with the bronchodilator effect of ephedrine. In addition, the antiemetic action of promethazine controls the tendency to vomit which is frequently associated with cough, particularly in whooping cough.

Indications—Relief of cough: allergic, bacterial, mechanical (irritation, dust, tobacco), or due to bronchospasm as in asthmatics; in bronchitis, pharyngitis or whooping cough.

Administration—Adults: 1 teaspoonful every 4 to 6 hours, according to the physician's advice. Children: ½ teaspoonful every 4 to 6 hours, according to the physician's advice.

PYRIFEDRINE

Manufacutrer—H. Powell Chemical Company Ltd., Bowmanville, Ont.

Description—Compressed tablets containing: Mepyramine maleate 25 mg., ephedrine hydrochloride 8 mg.

Indications—Hay fever, asthma, urticaria and other allergies.

Administration—1 to 2 tablets 3 or 4 times daily.

SUL-SPANSION

Manufacturer—Smith, Kline & French Laboratories, Montreal.

Description—Sulfaethylthiadiazole in sulfa-"Spansule" suspension. Each 5 cc. teaspoonful contains 0.65 gm. in the form of thousands of micropellets suspended in a pleasant-tasting vehicle. These micropellets disintegrate at varying rates to produce both prompt and prolonged therapeutic blood and urine levels.

Indications—Acute systemic and urinary tract infections amenable to sulfonamide therapy.

Administration—Adults and children over 75 lbs.: Maintenance dose of 1 tablespoonful (15 cc.) every 12 hours, after an initial priming dose of 30 cc.

Children up to 75 lbs.: Maintenance dose of ½ teaspoonful (2.5 cc.) every 12 hours for each 15 lb. body weight, after a priming dose of double this quantity.

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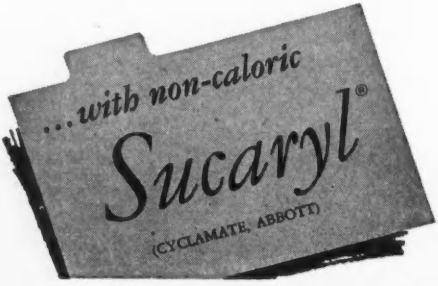

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MONTREAL

THE CANADIAN NURSE

L'Infirmière canadienne

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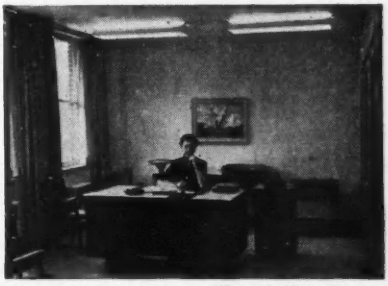
A Home of Their Own

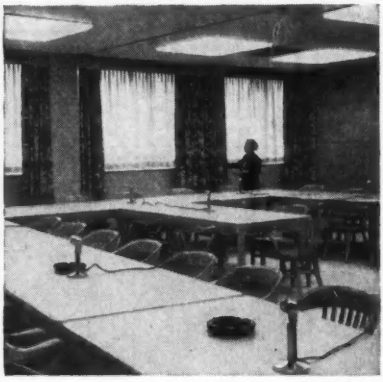
AGAIN THIS YEAR, as is the annual custom, the first of May was a gigantic moving-day for thousands of Canadians. For some it meant moving from one apartment to another that was more spacious or more conveniently located. For others, it meant the realization of a dream — the move into a home of their own. Housing projects, apartment buildings and office buildings mushroom up almost overnight as mute evidence of the needs of the family or the business for more and better accommodation.

Provincial nurses' associations as they cope with the myriad details of the registration of thousands of nurses are, one by one, feeling the need for more elbow-room. The difficulties encountered in trying to find adequate space at reasonable rental rates has, in several instances now, led the individual association to first tentatively consider the possibility of constructing its own quarters and then, subduing certain qualms induced by the financial obligations involved, to take the plunge. The Manitoba association was one of the first to own its own headquarters — purchasing a building for the purpose. In 1955 the R.N.A.B.C. took possession of its new office building. This year the R.N.A.O. became the latest in line of the associations to own its headquarters.

The benefits to be derived from planning a building to suit the specific requirements of the association would seem to more than justify the decision to undertake such a project. Ontario, for example, is the most thickly populated of Canada's ten provinces and lists more than one-half of the total of some 50,000 nurses holding legal



(Globe & Mail, Toronto)
The Executive Secretary's Office



(Globe & Mail, Toronto)

The Board Room

registration. Even the space necessary to file the name plates for that many nurses is a problem. Add to that the facilities needed to allow 36 permanent staff members to carry out their duties efficiently and comfortably and you have an idea of the problems involved in finding and renting adequate space. Becoming property-owners seemed the only practical solution.

The cornerstone of the R.N.A.O. building was "well and truly laid" by Miss Daisy Bridges, executive secretary of the International Council of Nurses, in May, 1955. In April, 1957 the official opening was held just prior to the annual provincial convention. Replacing the traditional ribbon-cutting ritual, Miss Florence H. Emory, first president of the R.N.A.O., and Miss Matilda Fitzgerald, the first full-time provincial secretary, lighted a silver miniature of the familiar Florence Nightingale lamp. The lamp was accepted on behalf of present day nurses by Miss Janet Hutcheson, a 1956 graduate, and Susan Duncan, president of the Toronto Student Nurses' Association. Golden keys to the building were presented to Miss Florence Walker, executive secretary, by Miss Alma Reid, president of the R.N.A.O. Greetings were extended from the Department of Health by Dr. J. T. Phair, Deputy Minister; from the Board of Control by Mrs. J. Newman, vice chairman; and from the Canadian Nurses' Association by Miss Helen Carpenter, second vice-president.

(Globe & Mail, Toronto)

The Lounge

The four-storey building is completely modern, handsomely furnished and air-conditioned. Ceilings have been acoustically treated, fluorescent lighting has been used throughout while pastel colors and harmonizing drapes and upholstery provide a bright, cheery atmosphere. One of the show places is the oak-panelled board room that can be subdivided into two smaller meeting rooms by concertina doors. The general offices are furnished with the most modern equipment — one of the most elaborate rooms being that devoted to registration records. Two particularly interesting touches have been used in the decorating scheme. Stencils in silvery bronze of Ontario's flower, the trillium, gleam on the end walls of the lounge. Inset in the creamy terrazzo floors of the lobby is the pattern of the Nightingale lamp. The windows of the board room and the lounge overlook a patio and a sunken garden that will be landscaped later.

The work of the busy staff has been immeasurably lightened by the provision of space, privacy and cheery surroundings. Congratulations to the owners, the nurses of Ontario, are very much in order for the attractive building and gracious atmosphere in which they have housed their association headquarters.

— J. E. MacG.

Chronic Obstructed Appendicitis

ELIZABETH SCANLIN

DIAGNOSIS

UPON OPENING JOCK MARR'S abdomen, the surgeon found a chronic obstructive appendicitis with the appendiceal lumen obliterated by fecaliths and impacted feces.

Surgery Performed — (Surgeon's postoperative report):

> An incision was made over the right McBurney's Point. The appendix was excised and the stump cauterized and buried in the appendiceal mesentery. The abdomen was closed in layers with interrupted wire to the skin.
>
> *Anesthesia:* Pentothal sodium was used. It is a powerful preparation in the form of yellowish powder. It is dissolved in water and given intravenously. When first given, one stops breathing for a few seconds, but with the aid of oxygen, breathing is quickly brought back to normal. A solution in the strength of 2.5% was used for Mr. Marr.

HISTORY

Jock is a pleasant looking young gentleman, aged 23. He was born in Halifax, of Scottish descent. His father migrated to this country in 1929 as a captain in the army, returned to Scotland in 1930 and was married. He and his bride returned to Canada in the spring of 1931.

Due to his father's position, Jock's childhood was spent travelling from one army camp to another. He says that it was the feeling of insecurity and the dread of never having a permanent home, that caused him to dislike his father. He loved his mother and two brothers, and shared their deep devotion to their religion.

During his childhood, Jock suffered the usual communicable diseases. He also had severe attacks of influenza frequently, and it was not until he was 19 that he was really well physically.

When Jock was 16, his father was transferred to an army camp where the family remained for three years. Because they were there for a longer period than in the other camps, Jock was able to attend school regularly. However, after completing grade ten, he refused to return to school. He secured employment as a clerk in a grocery store in a nearby town.

While working in this town, he met his present wife. After an engagement of one year, they were married, with the intention of living with Jock's parents when they returned from their honeymoon. However, when passing through the city where they now reside, they decided to remain there. Jock had great difficulty in securing work, and because he was so sensitive, he began to think he had a physical weakness. These thoughts caused him a great deal of mental anguish. The fact that his wife became pregnant two months after their marriage did not add to his mental well-being. During this time the couple were living in a stuffy, one-room apartment in a shabby section of the city.

After four months of writing applications, Jock was accepted as a

ELIZABETH SCANLIN

Miss Scanlin is a student at Hotel Dieu Hospital, Kingston, Ont. She was awarded the first prize of $25 in the competition sponsored by the Macmillan Company of Canada.

truck driver with a local soft drink plant. He and his wife moved to a three-room apartment in a better section.

After the baby was born, Mrs. Marr began to work in a department store, and with these two sources of income, Jock seemed to return to his former cheerful self. In the past year their financial situation has steadily improved. They now own a car and are able to have better living facilities.

From the time of their arrival in this city, and especially throughout his wife's pregnancy, Jock suffered from what he described as indigestion. He visited his doctor and was told he suffered from chronic appendicitis. He did not believe his doctor's diagnosis, and refused to be treated for it. In a few months he began to have further symptoms. The pain became so intense that he could not sleep and he became ill-tempered. After suffering for three months, he returned to his doctor. He received the same diagnosis as on his previous visit, but he was convinced, because of his gastric symptoms, that he had stomach ulcers. An x-ray proved his belief to be false, so after much persuasion he agreed to come into the hospital and be treated.

Signs and Symptoms

Jock has had an intermittent dull ache and burning feeling in his abdomen for the past two years. The pain generally commenced one-half hour preceding meals and remained with him for hours after eating.

When admitted to the hospital, blood work and urinalysis were done. His hematology report indicated: white blood cells, 7,300 per cu. mm., normal 5,000-9,000 per cu. mm.; hemoglobin 16 gm.%, normal 14-18 gm.%; sedimentation rate 2 mm. per hour, normal 0-9 mm. per hour (male). Sedimentation rate, if elevated, indicates the presence of infection but was here found to be normal.

The admission urinalysis report showed that the specimen was cloudy, with slightly elevated specific gravity (1.027) but otherwise was negative.

The differential report was also normal excepting for the eosinophiles (5%) and the basophiles (1%). The differential count is done to determine the percentage count of white cells. In time, if there is acute infection, the percentage of neutrophilic leucocytes increases as well as the total white count.

Preoperative Preparation

Mental preparation: When Jock arrived on the ward he showed clear evidence of mental stress and anxiety. Sensing his worry, we were determined to try to lessen his fear and to reassure him as much as possible. After settling him in his room, we tried to keep his environment as quiet and cheerful as possible.

Since he had had financial problems for so long, it was only natural that he would worry about money at this time. He stated that he had a hospitalization plan so we assured him that this would look after the greater part of his expenses.

Another source of his anxiety was the fact that his wife and child were at home alone. He was worried about his wife leaving the child with friends when she came to see him and that someone might hurt them while at home alone. I told Mr. Marr that his home was in a very central location with neighbors living close and that his family would be safe.

His greatest fear was of death. We assured him of the surgeon's skill and the safety of the anesthesia. The anesthetist visited him the evening prior to his operation and explained the method of administering the anesthesia, and that it would not likely be a long operation.

Early in the evening Jock asked if it was possible to see a priest. We notified the resident priest who gladly visited the patient. It was remarkable to see the look of peace and gradual contentment taking the place of fear.

Physical preparation: On the evening prior to his operation, Mr. Marr received a light nourishing meal. I encouraged him to drink plenty of fluids in order to fortify his body against postoperative dehydration. He was told not to drink or eat after midnight to prevent postoperative nausea and to render the bowel as clear as possible for surgery. At ten o'clock he was given a soapsuds enema in order to cleanse the lower gastrointestinal

tract, decrease the risk of postoperative distention and render the operative area clean. At 10:30 P.M. I gave him Tuinal gr. 3. This is a sedative of the barbiturate family and given to be certain he received the rest necessary to combat the shock of the operation and to produce mental rest.

He was awakened early in the morning for his skin preparation. This consisted of the application of soap followed by the shaving of the external hair from the nipple line to the pubic line and to the bed line on both sides. Ether was then applied to remove the surplus soap, because of its incompatibility with zephiran chloride, a 1% solution being used as an antiseptic. After application of zephiran chloride, the area was covered with a sterile towel. Thorough skin preparation is imperative for the prevention of infection.

No breakfast was given because of the danger of postoperative nausea and to prevent any foreign material being aspirated during the anesthesia. At 8:30 A.M. he was given Nembutal gr. 1½. This is a sedative of the barbiturate family. Its effects last from three to six hours.

At 9:00 A.M. he received morphine gr. 1/6 and hyoscine gr. 1/150. Morphine is an analgesic used for the relief of pain. It acts chiefly on the central nervous system. Hyoscine is a member of the belladonna group. It has a depressant action on the brain. It dries the secretions of the mouth. It does not increase respiration and it slows the heart beat. Hyoscine and morphine given pre-anesthetically quieten the patient, allay fear and apprehension, and reduce shock to the nervous system.

At 9:30 A.M. he was taken to the operating room.

Postoperative Nursing Care

While Jock was in the operating room, an anesthetic bed was prepared for his return. It was warmed sufficiently with hot water bottles to overcome shock.

Upon his return to his room at 11:30 A.M., he was placed flat in bed since his lowered systolic blood pressure indicated a condition of some shock. His clothing was damp from diaphoresis so it was changed to prevent chilling. His dressing was checked frequently for bleeding, but it was dry and unstained. The color of his skin was observed and it was satisfactory. His blood pressure was 98/64, his temperature 99, respirations 22, and pulse rate 96. At noon he coughed for a short period. By 12:15 P.M. he was completely conscious. The surgeon visited Jock and thought his condition satisfactory. I washed his face and hands and then rubbed his back. He complained of a foul taste in his mouth so it was rinsed out. He was turned on his side with a pillow at his back to give him support. At this time he was reassured concerning the operation and told that his condition seemed satisfactory.

He rested quietly all afternoon, but toward evening he grew quite restless. An injection of morphine gr. ¼ was given for the pain which was soon relieved. At 5:00 P.M. he voided three ounces of urine. It is important to observe the output postoperatively, as anesthesia and trauma often cause retention of urine.

At 6:00 P.M. he had soup and tea. Half an hour later he was nauseated but there was no emesis. While eating, the bed was raised and he sat for two hours in the semi-Fowler's position. He was encouraged to move frequently in order to prevent complications such as, hypostatic pneumonia and atelectasis.

At 9:00 P.M. he received Tuinal gr. 3 and he slept all night. An ice bag, placed over the operative area, was refilled when necessary. This helped to reduce inflammation and lessen pain.

The next morning Jock received a complete bed bath with special mouth care. A lengthy back rub was given to help the circulation. The doctor requested that the dressing be changed.

He received a soft diet for lunch and dinner and that evening was out of bed for a short period. After being given a soothing back rub and sedation, he slept the whole night.

The third day Mr. Marr appeared to enjoy the light diet he received for lunch and dinner. He walked about his room for brief intervals throughout the day. He complained of abdominal discomfort from distention, so

a rectal tube was inserted and he stated he felt some relief.

The fourth morning he was given a soapsuds enema because his bowels had not moved since his operation and he felt distended.

During the next week his condition steadily improved. Ten days after admission, his sutures were removed. His wound being well healed, he went home.

Possible Complications

Acute bronchitis: This pulmonary complication is manifested by severe productive coughing with a moderate rise in temperature.

Hypostatic pneumonia: This is the most serious chest complication and is common following abdominal operations because of the traction on the diaphragm during the operation.

Atelectasis: This collapse of the lung may be caused by a plug of mucus in a bronchus. As a result, the air remaining in the affected area of the lung is absorbed by the blood stream, and the lung collapses.

These respiratory complications were prevented by being certain the patient did not go to the operating room with a chest cold, by encouraging him to move about in bed and by deep breathing.

Evisceration: This is the breaking apart of the edges of the abdominal incision with the protrusion of abdominal contents through the wound. This can be prevented by careful sterile technique when changing dressings. If a clean dry dressing suddenly becomes moist and stained with discharge, but there is no evidence of the dressing bulging, the nurse notifies the surgeon at once.

Shock: The failure of the peripheral circulation is related to the loss of blood volume due to severe bleeding. The loss of blood volume results in the brain receiving too little blood.

Hemorrhage: This complication may be due to the slipping of the ligatures placed on the large blood vessels during the operation, or poor control of hemorrhage at the operation. Internal hemorrhage is often shown by an increasing pulse rate and a fall in blood pressure. Observe the patient's color before the operation and postoperatively. He may become restless, which is an early symptom, so administer a sedative at once, as ordered.

The only complications Mr. Marr suffered were singultus and abdominal distention. Singultus is an involuntary contraction of the diaphragm — hiccoughs. We treated this complication by having him breathe into a paper bag. This is called hyperventilation. He obtained relief quickly.

The abdominal distention was treated by inserting a rectal tube. This helped in diminishing the distention.

Teaching

Mr. Marr was instructed as to the gradual return of his strength and to increase his activities accordingly. He was still concerned over the expense of his hospitalization, so I asked one of the staff from the admission office to explain carefully the amount he had to pay. I stressed the importance of regular check-ups with his doctor and the importance of reporting anything contrary to normal he noticed about himself in his daily life.

Prognosis

The incision healed well and there was no sign of further complications. Jock's mental state appeared less strained than on his admission. When leaving the hospital, the prognosis was good.

What I Have Learned

I have learned the importance of good preoperative preparation in order to prevent postoperative complications. I learned the importance of early ambulation to offset possible respiratory complications. I learned the necessity of good mental preparation by reassurance and understanding.

Most important of all, I realized how everyone works as part of a team, the patient must have the will to live, the surgeon must have the skill to operate successfully, and the nurses have the knowledge and understanding to help the patient return to health.

The groundwork of all happiness is health. — Leigh Hunt

Acute Laryngotracheobronchitis

VIOLA SURERUS

JANE, AGED THREE and one-half years, was admitted to the hospital one evening in February. In contrast to the bright, cheerful and happy child playing enthusiastically just the day before, Jane was brought to us, suffering from severe respiratory embarrassment.

HISTORY

Jane's home is one in which the family enjoys the comforts and conveniences of modern life. Her father is employed as manager of a local oil company with a moderate income. Jane is not an only child. She has two sisters, aged six years and eight years, and a brother aged ten months. She has already gained the ability to get along with other children, to play cooperatively, and to share belongings and responsibilities.

Jane's parents are members of the United Church. Although there is little spiritual training evident at such an early age, the concepts of right and wrong are already a part of her personality. Her early circle of playmates has not been too rigidly controlled nor has her learning environment been restricted.

MEDICAL HISTORY

During late infancy and very early childhood Jane's only illnesses were measles, chickenpox, mumps, and an occasional mild cold. None of these required hospitalization or treatment. They are not considered to have had any effect on her present illness.

There are several causative organisms of laryngotracheobronchitis. Quite frequently, as in this case, it may be due to the bacteria normally found in the pharynx. Low resistance of the child seems to play a prominent role in the incidence of this disease which is most common in infancy and early childhood.

The mucous membrane of the larynx, trachea, and bronchi becomes acutely inflamed. Edema is severe, the swelling being subepiglottic rather than on the cords. With progression of edema a membrane forms — at first serous, then mucoid, and finally thick and tenacious. Continuous secretions of copious amounts of exudate threaten to block the subglottic area of the larynx or the bronchi or both. This exudate extends down the trachea into the bronchi resulting in obstruction, atelectasis, pneumonia or death if left unchecked.

SIGNS AND SYMPTOMS

The patient's symptoms:

a. Jane was apparently well except for a cough and hoarseness which developed the day before admission. This did not progress until late in the next afternoon. At this time it developed very rapidly.

b. On admission Jane's temperature was 100.6° F and within the next four hours had risen to 102.1° F. It then dropped and remained at a level near 99.1° F.

c. Jane's elevated temperature was preceded and accompanied by a flushed face — one of the first signs of her illness.

d. The inflamed tissues became so edematous that there was a severe decrease in the volume of lung tissue available for exchange of CO_2 and O_2. At times Jane's respirations became so labored that it was necessary for her to sit up to breathe. Subglottic edema was the chief obstruction, but the tenacious mucus filling the bronchioles served to increase the dyspnea.

e. The pupils of Jane's eyes were dilated and remained so until her breathing became less difficult. Fright and sudden emotion were the probable causes.

f. The hard, dry croupy cough that developed prior to admission continued

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Miss Surerus, a third year student of Saskatoon City Hospital won the second prize of $25 in the Macmillan Award competition.

for some time after the administration of oxygen and Alevaire by croupette. It had almost disappeared on discharge.

g. About three-quarters of an hour after admission Jane's breathing suddenly became stertorous with marked stridor caused by small amounts of air by-passing a partial obstruction.

h. While laboring violently to breathe there was a very marked indrawing of the depression areas on either side of the clavicles, above the sternum and especially marked at the base of the rib cage.

i. Late in the first day of her illness Jane's cough was accompanied by hoarseness. Both the cough and the hoarseness were less severe the following morning, but by early evening a very marked hoarseness was again noted. By the time Jane was admitted to the hospital it was impossible to understand anything she tried to say.

j. With respiratory obstruction the oxygen content of the blood became lower and the carbon dioxide content was built up causing increased depth and rate of breathing.

k. Respiratory distress was accompanied by bouts of cyanosis indicating obstruction due to the thickened exudate collecting in the bronchial tree and to edema of the larynx.

l. The sudden collection of exudative material caused her breathing to become very noisy and occasionally distinct "rattles" were heard.

Medical Treatment

In an effort to provide a soothing atmosphere for the inflamed mucous membrane, an attempt was made to maintain the temperature at a comfortable level of not more than 70° F. and the humidity at a high concentration of about 90%. This was achieved by the use of the oxygen croupette into which Jane was immediately placed on her arrival. Alevaire, an aqueous aerosal preparation served to liquify the viscid, tenacious sputum and helped to humidify the oxygenated air. The usual dosage of 100 cc. produced excellent results.

Antibiotic treatment included ½ cc. of S.R. penicillin administered intramuscularly once daily and Chloromycetin Palmitate drams 1 orally every six hours. Both have a comparatively broad spectrum of bacteriostatic action against a wide variety of susceptible strains of organisms. They were most effective in this case against the causative agent. This reduced the elevated temperature.

An excessively stimulated cough reflex was relieved by Robitussin dram ½ given four times a day.

Neosynephrine hydrochloride nose drops given four times a day produced rapid and prolonged decongestion of the nasal mucosa.

Laboratory and X-ray examination:

A routine urinalysis revealed no abnormal symptoms. X-rays of the chest were negative. A throat swab for culture isolated only normal throat flora.

Diet therapy:

Food and oral fluids were avoided while respirations were difficult. An improved condition permitted Jane to combat dehydration by a liberal intake of fluids and to enjoy a regular diet. Tactful supervision, and encouragement during meals, lunches, and treats persuaded Jane to eat fairly well throughout her hospitalization. Thus she increased her own resistance to infection and supplied her body with the necessary elements for combatting the infection and for rebuilding the injured tissues.

Nursing Care

Following the admission schedule and the psychological preparation and adjustment to the ward, Jane soon became accustomed to the routine. Daily sponges were given with special care to the hair, nails, ears and nose. She was encouraged to brush her teeth each morning as well as after meals and at bedtime.

Fluid intake, voiding and bowel elimination were noted and recorded. Drawn blinds, lights out, and general quietness provided a restful atmosphere for the daily afternoon nap. This was accepted rather reluctantly at first but Jane tired so easily that she soon learned to look forward to her rest.

While confined to bed, Jane's play therapy included toys, dolls and books. Once allowed out of bed she occupied her time playing cooperatively and enthusiastically with the other children on the ward.

Specific nursing care included a close

watch for evidence of increasing respiratory obstruction or fatigue. When advancing cyanosis, restlessness, sternal indrawing, stridor, tachycardia, and pyrexia were noticed, her doctor was notified at once and a tracheotomy set was obtained and ready for use. Without disturbing her unnecessarily, all efforts were directed towards general reassurance, maintenance of comfort and preservation of strength.

Medications were administered at regular hours as ordered. Temperature, pulse and respirations were taken and recorded every four hours. Meal hours, lunches and treats were all supervised.

Because of the absolute necessity of maintaining a very humid atmosphere around the patient it was often difficult to give routine nursing care easily. However her condition improved shortly and Jane was permitted out of the croupette.

Had a tracheotomy been performed the nursing care would have been entirely different. The strings holding the cannula in place must be sufficiently tight to prevent the lower end of the tube from coming out of the trachea as the tissues swell. Not only must the inner cannula be removed and cleaned, but a small catheter should be used to aspirate the outer cannula and the tracheobronchial tree as often as necessary to keep the airway open. Persistent dyspnea and restlessness must be investigated.

The child with laryngotracheobronchitis requires complete rest and should not be disturbed by unnecessary therapeutic measures. Dehydration should be combatted by liberal amounts of fluid preferably by mouth. Opiates and atropine are avoided as they dull the cough reflex and dry up secretions.

Psychological Aspects

Fear of bodily injury and the feeling that hospitalization is a form of punishment can result in anxiety and feelings of guilt. The nurse, appreciative of the effects of Jane's separation from her family, her reaction to illness and surgery, and her feeling of uncertainty, helped her to become secure and comfortable in a strange and threatening situation.

Separation from her family was an adjustment Jane had to make. Preparation for this experience was most essential. A simple, truthful explanation of her sickness and reasons for hospitalization relieved fear and grief.

Her mother stayed close by until Jane was prepared for the experience of her mother's leave-taking, and until she had discovered that there was someone near to take care of her in whom she could trust. In simple terms and by demonstrating how the knobs and buttons worked, we explained the oxygen croupette and its use. By permitting Jane to inject a real needle into a rubber doll, we prepared her for the uncomfortable injections she had to receive. By constant bedside vigilance we soon gained her complete trust and confidence. A few days later she eagerly listened and followed us about as we oriented her to the ward routine.

Sociological Aspects

Education, economic security and a respectable home provided valuable privileges for Jane. Her diet was wide and varied including wholesome nutritional foods. She received parental love and guidance in preparation for social life — for sharing at home and away from home, for the building of behavior patterns and for participation in the kind of life approved and desired by her social class.

Referral to a public health agency was unnecessary in this instance. However, it can be most valuable. Through contact with a public health nurse much can be done to lessen the degree of anxiety, to prepare both mother and child for the new experience and to note the quality of child-parent relationships.

Spiritual Training

To Jane, spiritual relationships were not too well comprehended. She was beginning to form the basis of her future religious beliefs and foundations of life. Relationships with parents, siblings and hospital personnel helped her to interpret life and its events. We answered her questions with faith and respect and bowed our heads with her as she repeated her bedtime prayer.

Health Teaching

Through play Jane was able to gain mastery of fears and relief from the tension created by them. She enjoyed and profited from learning simple activities which in turn provided relief from tension and gave her an opportunity to feel proud of herself, and to learn to do things for herself and others. Jane's play therapy included toys, dolls, books and activities with other children on the ward.

Previous to admission Jane had been well instructed in good hygienic principles. However, she was encouraged to keep her hair tidy, her fingernails clean and to wash her hands frequently — especially before meals and after visiting the toilet. She was taught the importance of good dental hygiene and to brush her teeth after meals and at bedtime in the approved manner.

When she was ready for discharge Jane's parents were encouraged to remember to have her drink plenty of fluids, avoid chilling and damp feet and, if possible, avoid contact with anyone having a bad cold or infection — particularly until she was completely recovered from her own illness.

Adjustment and Rehabilitation

Rehabilitation is not accomplished in a definite period of time. It is a continuous process involving wholesome attitudes and emotional security as well as the essentials of mental and physical health. Jane's rehabilitation will continue for years as she attempts to prevent a recurrence of illness by rest, play, wholesome food, good hygiene and good relationships.

Acute Myocardial Infarction

Beverley Grey

Mr. Nelson, aged 63, was admitted to hospital last July. A Canadian by birth, he was a sign painter, previously employed by a company but for the past 12 years, self-employed. In his work he moved about from town to town transporting his equipment as he went. His wife had died of cancer, leaving no children. During the winter, Mr. Nelson lives with his sister but in the summer he stays at a Y.M.C.A. or a tourist camp near his work.

Mr. Nelson has various hobbies. One which particularly interested me was making wooden toys, which he donated to the Sick Children's Hospital. He loves children. Before taking up sign painting he had worked as an orderly in an isolation hospital. He really enjoyed the work there and became very attached to the children. They grew very fond of him, too, calling him "Uncle Ernie." Other pastimes he enjoys are reading, doing crossword puzzles, and listening to popular piano and accordion music.

He is a member of the Roman Catholic Church. As a lad he attended church regularly serving as an altar boy. Now he attends whenever it is possible for him to do so.

Mr. Nelson was in the army on active duty in World War I. The restricted diet then, plus the fact that of recent years he has not had his own home and has lived largely on "snack" meals may have some bearing on his trouble now. The cause of arteriosclerosis is a controversial subject, but some books state that there is a possibility that the ingestion of too many cholesterol-containing foodstuffs, such as fried or fatty foods, like pastries, may be a cause. The Department of Veterans Affairs covered his hospital expenses, thus relieving him of the financial problem so he was better able to relax while in the hospital. This was a point in favor of his recovery.

His medical history showed that he

Miss Grey is a student at the General Hospital, Brantford, Ont. She won the first Honorable Mention Book Prize in the Macmillan Awards.

had been having attacks of angina pectoris (pain on effort) for several months. His doctor had given him nitroglycerin to control this. Nitroglycerin belongs to the nitrite group of drugs, which are comprised of salts of nitrous acid and of certain nitrates which are reduced to nitrites in the body. Their action is vasodilation, that is, they cause the walls of the vessels to relax. This increases the width of the vessels, and therefore the heart can more readily force the blood through them, lowering the blood pressure. Nitroglycerine acts in this way, relaxing the coronary vessels, thus increasing the blood supply to the heart muscle, and so relieving the anginal pain. It is given in tablets of 1/100 gr. or 1/200 gr. held under the tongue. It takes only two or three minutes to take effect.

On the morning of his admission to the hospital, while sitting in the park, Mr. Nelson was suddenly seized with severe substernal pain and was brought to the Outpatient Department. When seen there he appeared to be moderately shocked, grey in color, his breathing labored and gasping. He was admitted immediately with the provisional diagnosis of acute myocardial infarction.

Myocardial infarction is the result of a coronary occlusion. A coronary occlusion is the closure of a branch of the coronary artery by a thrombus or by marked sclerosis. The infarction is the area of the myocardium to which the blood supply is cut off by the occlusion.

Coronary occlusion more often occurs in men over 50 with arteriosclerosis of the coronary vessels. In a typical case the pain starts suddenly, usually over the sternal region and upper abdomen and is continuous. It may increase in severity until it becomes almost unendurable. From the first the patient with a severe occlusion is in shock, his color ashen, his skin bathed in clammy perspiration. In a few minutes he is prostrate. Vomiting is a common symptom but was not present in this patient. In a few hours the temperature rises slightly, the blood pressure falls, the leukocyte count rises to between ten and twenty thousand in one cubic millimeter of blood. All these signs and symptoms, with the exception of the vomiting were present. His leukocyte count went up to 11,900. When admitted to the ward at 11:30 A.M. he was cyanosed, his respirations were grunting, his pulse thready, and his skin clammy. He was clutching at his chest and seemed very apprehensive.

He was given 100 mgm. of Demerol, by hypodermic, immediately to relieve the pain. This was ordered to be given as needed. It was very necessary to watch closely and give this drug as necessary to control the pain, because the more quietly these patients can rest during the first 48 hours of their illness, the more favorable their prognosis. He was placed in an oxygen tent on admission to the ward.

An oxygen tent is essentially an air-conditioned unit supplied with oxygen which has been refrigerated before it is forced into the tent. A great deal of oxygen is needed to operate the tent because there is a certain amount of leakage through the bedding, which cannot be prevented. This leakage was kept at a minimum by using a flannelette blanket folded in a triangular fashion and tucked securely under the mattress enclosing the front of the canopy. The back and sides of the canopy were tucked firmly under the mattress. A long rubber mackintosh was used to cover the mattress to prevent diffusion of oxygen through it. The risk of fire must never be forgotten when a patient is having oxygen therapy. In the presence of this gas objects, which are ordinarily incombustible, including the human body, can be converted into firebrands. Open flames, such as lighted cigarettes, and anything capable of causing static electricity, for example, call lights, woollen blankets, hearing aids, etc. are never allowed in the vicinity of the tent. Warning signs are posted all around as a reminder.

Close check was kept on the oxygen tank to make sure that it did not become unexpectedly empty causing the patient to become asphyxiated from lack of fresh air. Careful observation was kept of the patient, while in the tent, noting in particular the quality and rate of his pulse and respirations, his color, especially of nails and lips, and any occurrence of coughing. His comfort in the tent was maintained.

He was protected from chilling by adding an extra flannelette blanket around his shoulders. This was necessary because the temperature in the tent was kept quite low, between 60 and 70° F., to facilitate breathing. His position was adjusted to avoid muscle strain and to ensure the maximum ease of respiration. As his nurse, it was my responsibility to see that all these measures were carried out. The technician from the oxygen room analyzed the air within the tent at regular intervals to make sure he was getting the proper concentration of oxygen.

The doctor ordered an immediate dose of heparin for Mr. Nelson on admission. Heparin is a purified anticoagulant obtained from animal lung and liver. It is believed to prevent the activation of prothrombin to thrombin, thus prolonging the clotting time of the blood. It is administered by intravenous drip or by deep subcutaneous injection, depending on the preparation of Heparin used. Mr. Nelson was given it by deep subcutaneous injection. Its action is immediate.

It is difficult to maintain a constant clotting time with this drug, and dangerous hemorrhages may occur. It is quite often ordered to be given simultaneously with a slow acting anticoagulant and then to be withdrawn as soon as the other drug begins to be effective. In this case 300 mgm. of Dicumarol were ordered to be given with the Heparin. Dicumarol is a slow acting anticoagulant, originally derived from spoiled clover, but now made synthetically. It is believed to retard the prothrombin formation in the liver and thus prolongs the clotting time of the blood. It requires 12 to 24 hours to become effective and its activity persists for 24 to 72 hours after therapy is discontinued. These drugs are given when a patient has had a coronary occlusion to prevent a larger or another clot from forming in the coronary artery, due to the slowing down of the flow of blood in the vessel because of the existent obstruction. If the nurse notices any bleeding tendencies in a patient on such therapy she must report them to the doctor immediately, so that he may institute measures to control them.

The doctor ordered phenobarbital gr. ¼ q.i.d. and Nembutal gr. ¾ hs. for this patient. Phenobarbital has a sedative as well as an hypnotic effect on the body, promoting muscular relaxation. In this case it seemed effective only to a degree, because there were times when Mr. Nelson seemed very apprehensive and tense. Nembutal was given as a sedative. Being a barbiturate its action is the depression of the cells in the brain stem and in the basal ganglia.

During the night of his first day Mr. Nelson's color improved, his pulse became stronger, and he complained only of occasional pain. During his second day he had no pain. On the third day the doctor stepped up his diet to soft. Until then he had been on fluids, which could be taken with a minimum of effort. Soft diet too, is easily chewed, easily digested and produces little bulk, thus keeping the feces soft, so that the patient has less strain on defecation. It is most important that patients with a coronary occlusion be spared any strain possible, particularly during the early part of their illness, because straining could cause the rupture of the area of the myocardium weakened by the loss of its blood supply. Because it is desirable to keep the bowel as nearly as possible empty of gas as well as of solids, sometimes the doctor orders a cathartic for these patients. A cathartic aids in the elimination of water from the intestine and so facilitates the passage of stool with as little muscular effort as possible. Mr. Nelson was ordered to have Magnolax, ounce 1 p.r.n. He was very regular with his bowel habits and so did not need the Magnolax very often.

The doctor also ordered Gantrisin gr. 7½ q.i.d. Gantrisan is a urinary antiseptic of the sulfonamide group, which is usually effective against most gram negative organisms. This was a prophylactic measure, because Mr. Nelson would be having a prolonged period of bed rest and because his admission specimen of urine was quite cloudy.

As the days went by there were times when Mr. Nelson appeared tired and listless, and complained of some pain in his chest. His appetite was good and his temperature remained normal. He had an electrocardiogram taken twice. The first one showed him

to have left ventricular strain, and the second that he had an acute posterior lateral infarction.

Other means of measuring progress are the patient's white blood count, and his sedimentation rate. His white blood count was slightly elevated at first, 11,900. His sedimentation rate, right after his admission was 43 mm. per hour, and a later estimation showed it to be 35 mm. per hour. The normal by Westergren's method is under 15 mm. per hour. The sedimentation rate is elevated in any patient who has a destructive disease, such as tuberculosis, rheumatic fever, coronary occlusion. The fact that Mr. Nelson's second estimation was lower than his first showed that the condition was improving. His prothrombin time was taken regularly and, according to it, the doctor regulated the dosage of Dicumarol.

When he was well enough to travel by wheel-chair, he was taken down to have a miniature x-ray of his chest. It is routine in our hospital to have this done on admission, if at all possible. Mr. Nelson's condition did not warrant it being done then. The advantage of having it done on admission is to detect any evidence of tuberculosis, and so be able to take measures to protect patients and staff who might come in contact. It also protects the patient because early treatment of his disease can be instituted.

Mr. Nelson was a very highly strung individual. Therefore, when he was ordered on complete bed rest it was necessary to watch him closely to make sure he really was resting. At times he was so apprehensive that he could not lie still. He would get very concerned about other patients. One morning I could see that he was emotionally upset about something, and found out it was because he thought the patient in the bed next to his had passed away during the night, because in the morning the bed was gone from its place. However this patient had just been moved closer to the front of the ward. When I explained this and pointed out his bed at the front of the ward Mr. Nelson seemed much relieved and relaxed.

I tried to keep his bed as free from wrinkles as possible, and to keep him changed to comfortable positions, fluffing his pillows quite frequently to help him rest. Every day when bathing him I tried to keep the conversation free from worrying things. I explained that a bath was not only valuable for removing dirt, but the rubbing of the skin improved the circulation too. A clean skin is especially necessary in illness when the secretions on the skin may become irritating and offensive. I told him that I would be giving him the bath for a while because his heart would heal more quickly if he were spared as much effort as possible.

He had dentures, which were cleaned after each meal and at bedtime. No explanation or teaching was necessary regarding the importance of the care of his mouth, because he was very much aware of the need of this himself. I encouraged him not to smoke as it was not good for his condition. Since he was used to smoking, he had to have an occasional cigarette but was really very cooperative.

He did not have many visitors during his hospital stay, so it was not necessary to explain to them that he should only visit with relatives and close friends, and that they should not stay long or have lengthy conversations with him, because this could be both tiring and upsetting to him. At first all our nursing measures were directed at keeping him at absolute rest, but gradually as his condition improved he was allowed more activity.

Mr. Nelson's prognosis was not hopeful. He seemed to make a good recovery from this acute episode, but the arteriosclerosis, the underlying cause of his illness, was still there. He was told that he would definitely have to take things easy. He could continue with his work if he could paint the signs while sitting down. Painting on ladders and reaching above his head was absolutely ruled out. He was encouraged to get eight hours sleep during the night and have little naps during the day when possible. He was told to continue to eat lightly and to avoid smoking and alcoholic beverages. He should avoid active sports, walking up hills and running. Such recreational activities as reading, watching television, providing it is not too exciting a picture, collecting stamps or any of his hobbies,

would be good for him, as these things are restful as well as enjoyable.

The middle of August Mr. Nelson was discharged from hospital in apparently good condition.

I believe this study was valuable to him, because now, I feel that he knows enough about his condition to adjust well to his restrictions and be able to live normally and happily. I think, too, that he enjoyed our conversations and that they helped him to pass the time in the hospital. This study has been especially helpful to me because I learned many new things by looking them up and by asking about them. Also I gained a clearer knowledge of things I partially knew.

A Child with Post-Rubella Encephalitis

IMELDA BEETZ BRUNADER

INTRODUCTION

GARY IS A 10-YEAR-OLD BOY who suffered from encephalitis as a complication of rubella. The sudden onset of his sickness, the course of the disease and his recovery made it worth while to choose him for my study. I am convinced that all the members of the nursing staff caring for this boy during his acute illness, considered it an interesting experience.

SOCIAL BACKGROUND

Gary comes from an average family. His father, a man of 38, is working in a lumber business. His mother, 32, looks after their family of seven boys between the ages of two and 14 years. The family life must be intimate. Gary mentioned that his father goes fishing and for boatrides with his "big boys." This is very healthy. It provides the boys with an opportunity to identify themselves with their father. Boys need this identification to be able to grow into mature men. His mother seems to give the family the feeling of warm and loving care. This continuous warm, family, interpersonal relationship is necessary for children to gain trust in others, to further their personality growth, and to influence their sex education.

MEDICAL BACKGROUND

Except for the common childhood diseases, such as measles, chicken-pox and occasional respiratory infections, Gary enjoyed good health throughout the years of childhood, until recently when he contracted rubella.

Rubella is a contagious disease characterized by a mild skin eruption and mild constitutional symptoms. It is considered an unimportant disease because of the slight incapacity usually produced. Its chief importance arises from its rare complications, such as encephalitis, and the effect on a mother during the first three months of pregnancy.

Gary had only mild local symptoms for two days. Following this he developed encephalitis, a diffuse inflammation of the brain. The causes are many. It can be bacterial or viral in etiology; at other times a toxin is at fault, or it can be transmitted by mosquitoes or mites or as a result of a vaccination procedure. It may be a complication of a contagious disease.

SIGNS AND SYMPTOMS OF ENCEPHALITIS

Onset abrupt: Gary was lying on the chesterfield talking rationally with his father when he suddenly fell off the chesterfield, became unconscious and began to have convulsions.

High fever: From onset until recovery his temperature fluctuated between

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Mrs. Brunader prepared this study as a senior student of St. Joseph's Hospital, Victoria, B.C. She received the second Honorable Mention Book prize in the Macmillan Award — a tribute to her ability for she had arrived in Canada only four years before with a new language to learn.

moderate and high fever.

Vomiting: The morning prior to the outbreak he vomited undigested food and complained of abdominal pain.

Stiff Neck: During the state of unconsciousness the spasms extended over the head and spine, and he assumed the opisthotonic position.

Convulsions: From the beginning of the disease and during the following days of acute illness the chief concern of the nursing staff was to control his almost continuous convulsions.

Delirium: For days he was talking incoherently and in a confused manner and lived in the cloudiness of unconsciousness.

A spinal puncture was carried out to exclude the possibility of his having meningitis. The findings of the spinal fluid corresponded typically to the characteristics of encephalitis. The report indicated that the spinal fluid was sterile, with lymphocytes 16 cells/cu. mm. Normally there are no W.B.C. In meningitis, polymorphonuclear leukocytes are present.

Sugar 82 mgm. %, normal 60-90 mgm. %

Protein 120 mgm. %, normal 15-40 mgm. %

The rise in protein and stability of sugar is typical of encephalitis. His pressure reading was 310 mm. of water; normal 90-160 mm. in lateral position. This increased pressure points to cerebral edema.

Mental Aspect

Gary was a desperately ill child. He was not aware of his surroundings most of the time during the acute phase of his illness. Yet even as an acutely sick boy he needed immediate emotional security because his survival was dependent upon the energy available to fight his disease. A child *feels* even if he is unable to respond. The nurse was constantly at his bedside to anticipate his every need. She tried to interpret his wants by his behavior. All her strength and intuition were used to relieve his anxiety and to inspire trust and confidence. Her gentle touch, the quiet tone of her voice received response in his behavior. He had brief moments of awareness. His parents used those clear moments to talk to him and to communicate a will to recover by their love and parental sympathy. It helped to keep the young patient at ease in mind and body. Through listening, the nurse became acquainted with his world and gained new experience in handling the violent behavior of the boy during his delirium. He was a test of the nurses' patience for 12 days and nights.

After his recovery Gary turned out to be a polite and cooperative little man. He appreciated the care he was receiving, was curious and inquisitive about his surroundings and asked to be moved to a ward with boys of his own age. He adjusted very easily to his new environment as most children of his age do. He passed the time in company with the other boys, playing together, joining conversations, reading comics and listening to radio programs according to their interests. He progressed so rapidly, that he was discharged within five days after the acute stage was over.

Laboratory Tests

On account of his critical condition, the possibility of an operation had to be faced, which demanded investigation of his blood picture. His blood was grouped for emergency use. His group was O, Rh positive.

Hematology:

Gary's Reading		Normal Reading
WBC 6,500 cu/mm.		5,000-10,000 cu/mm.
Hgb. 11.7 gm.		10-12 gm.
Differential:		
Neutrophile	73%	55%-70%
Lymphocytes	23%	20%-30%
Monocytes	4%	3%-10%
NPN	33 mgm. %	25-35 mgm. %
Sugar fasting	92 mgm. %	80-120 mgm. %
Clotting time	8 min.	6-10 min.

Morphology: Some neutrophils show toxic granulation.

Urinalysis: Color — slightly cloudy. Cloudiness may be caused by long standing of urine specimen which produces chemical changes. Otherwise the report showed no deviation from normal.

Microscopic examination revealed no blood though some calcium oxalate crystals were present.

X-ray: A.P. and left and right lateral films of the skull. The report stated no osseous abnormalities could be radiographically demonstrated. A single A.P. film was made of the chest — portable

bedside technique — erect position. No abnormalities in the lung fields could be demonstrated.

Culture of cerebrospinal fluid: No organisms could be cultured aerobically or anaerobically.

Growth and Development

Gary is physically, mentally, and socially equal to the average child of his age. Before his illness he showed interest in activities to earn money. He has a paper route. His parents allow him to spend this money as he chooses. This gives him an opportunity to make plans and to go ahead on his own.

His sense of belonging to his friends and gang of his age group is strongly developed. After recovery, when he realized the severity of his illness, he began to worry if he could go back to school and keep up with his classmates. Under no circumstances was he willing to be demoted. The nurse helped him with suggestions, as to how to catch up during the summer holidays, etc., to allay his anxiety. He is a self-conscious boy, much concerned about his appearance. When he discovered that his head had been shaved as preparation for surgery, he was very embarrassed and upset. He told his nurse that he would not see his school friends until his hair had grown again.

Alert and interested in the world around him, he enjoys hikes and sports of various kinds — a suitable outlet for surplus energy. He likes school activities where he can participate in projects and plans and rival with his peers. As most children of his age do, he criticizes his teachers. In Gary's opinion, arithmetic could be much easier if the teacher, etc . . .

Medical Treatment

Medications:

Tetracycline or Achromycin is an antibiotic with a broad spectrum. It is effective against many Gram-positive and Gram-negative organisms, rickettsiae, and viruses. It may be administered intramuscularly, intravenously, or orally. The doctor ordered 250 mgm. b.i.d., I.M.

Sodium luminal is a hypnotic producing a condition resembling natural sleep. Larger doses act as an anticonvulsant in the treatment of convulsions. Average dosage is gr. ½-gr. 1. The doctor ordered gr. 3 p.r.n. to stop convulsions.

Atropine sulphate is a parasympathetic blocking agent. It reduces bronchial secretions, relaxes smooth muscles of bronchi and dilates pupils of the eyes.

Scopolamine or Hyoscine — Its action is similar to atropine except that it depresses the brain thus producing fatigue and drowsiness. It is used also as a hypnotic in excitement stages. Average dosage gr. 1/150.

Digoxin is a pure crystalline glucoside obtained from white foxglove. In heart failure digoxin acts on the heart muscle so that the pulse becomes slower and stronger. As a result, the circulation is improved. Dyspnea and cyanosis are relieved by the improved circulation.

Dextrose is a single sugar. It is usually added to an intravenous to supply the body with energy.

Penicillin is an antibiotic which destroys microorganisms. It is administered I.V., I.M., by mouth or by inhalation. Doctor ordered 600,000 units I.M. each day.

Surital Sodium is the sodium salt of a thio-analogue of barbituric acid. Surital in combination with curare-like substances increases muscle relaxation. Its action is rapid and, in experienced hands, it is safe to use.

Special therapy:

Continuous steam: Inhaled by the patient, steam loosens up secretions lodged in the bronchi and alveoli and enables them to be coughed up, thus preventing atelectasis.

Alcohol sponges: Alcohol is widely used locally as a counterirritant or for its bacteriostatic action in a 70% dilution. It was used for our patient for its fast evaporating property when applied to skin, thus reducing body heat and bringing high temperatures down.

Cold alcohol compresses to feet: This procedure serves the same purpose as the alcohol sponges. Application of cold in moist form aids by reflex action. The cold compresses applied to the feet lower the body temperature in the lower extremities thus withdrawing heat from the upper body and head.

Diet: During the acutely ill days, Gary's body strength was preserved by intravenous therapy of 10% dextrose

in distilled water. As his condition improved a calculated amount of water with a single sugar substance was given by gavage. His fluid intake had to be controlled to prevent increased intracranial pressure. When responding well enough, thin protein drinks and glucose drinks were offered to him. His appetite returned with his general improvement. He enjoyed his meals and he ate all the food served to him.

Surgical Treatment

In spite of careful treatment, Gary's condition abruptly became worse. His face became edematous especially the temporal areas and the eyelids. After a short sleep on his second day, he turned stiff and cyanotic and his respiration seemed to cease. No reflexes could be obtained and his pupils were contracted then dilated. The nurse administered oxygen while others sent for expert medical help. The patient's doctor, the anesthetist, and a neurosurgeon held a consultation.

Pre-operative preparation: The doctors, recognized the aggravated condition, decided to do a bilateral temporal decompression through burr holes to relieve the intracranial pressure. To get the boy fit for this operation, his spasm, convulsions, and respiratory decompensation had to be brought under control first. The most urgent need was the creation of an adequate airway and the provision of oxygen. The anesthetist passed an intubating tube down the trachea and cleared the thick secretion by suctioning the bronchi and trachea. Scopolamine and atropine helped to control the secretion. Large doses of sodium luminal and rectal sodium surital 2½% were hardly sufficient to relieve the twitching, convulsions and spasms.

A lumbar puncture was done for estimation of his spinal pressure. The pressure reading was 310 mm. of water. Toward midnight the temperature rose to 104.4° F., blood pressure 130/72. His breathing became stertorous and his weak, irregular pulse demanded quick action. Digoxin .25 mgm. was injected intramuscularly for support of the heart, and the patient was taken to the operating room without delay. The skin preparation was done there.

Operation: The first step was a tracheotomy to eliminate the danger of suffocation. By means of a midline incision the trachea was opened and a tube inserted into the lumen of the trachea. This ensured a proper air passage and facilitated the task of the anesthetist during the operation.

A vertical incision was made in the temple region bilaterally. A burr hole was placed on each side and the surrounding bone was rongeured away to provide a space approximately 5-6 cm. in diameter. The dura mater was found under increased pressure on both sides, the veins tended to herniate immediately through the incisions. The vein itself had an edematous and somewhat gelatinous appearance. No extradural or subdural collection of fluid was on either side. The neurosurgeon inserted a ventricular needle into the anterior horn of the lateral ventricles and withdrew 2 cc. of clear fluid. This was sent to the laboratory for cell count.

Nursing Care

For tracheotomy — postoperative care, nursing measures included:

1. Restraints to prevent child removing the tracheotomy tube.
2. A bed warm enough to prevent chilling but, because of his craniotomy and elevated temperature, the bedding had to be adjusted to his comfort.
3. A suction machine was kept at his bedside to suction the inner cannula p.r.n. Bubbling sounds indicate need to remove secretion.
4. Steam provided warm, moist air which is normally filtered, warmed and moistened in the upper respiratory tract before being breathed into the lungs.
5. A tray containing sterile necessities was kept on the bedside table with:
   (a) Bowl with zephiran chloride 1:1000, containing extra inner cannula.
   (b) Bowl with zephiran chloride 1:1000, containing extra outer cannula.
   (c) Hydrogen peroxide in medicine glass, pipe cleaner, gauze dressings, tongue depressors and applicators.
   (d) Catheters No. 8 and No. 10 F for aspiration and Jelonet dressings to prevent excoria-

tion of the skin around cannula.

(e) Sterile instrument set.

(f) Bowl with sterile water to keep catheter clear at all times.

(g) An extra tracheotomy set.

The child was never left alone for a second. He was unable to cry or call for help in respiratory embarrassment. The blockage of a bronchi by a mucous plug can cause suffocation. The amount, color and consistency of aspirated material was recorded. After six days the tracheotomy tube was removed by the doctor.

Care after Craniotomy: While Gary was in the operating room everything needed for his postoperative care was prepared in his room. Suction and oxygen equipment was in readiness and the nurse who was looking after the boy made sure she knew how to operate the equipment.

The ideal position is semiprone or runner's position, but our patient was so restless that he tossed about the bed. He needed the full attention of the nurse to prevent him from hurting himself. In craniotomy cases in which no tracheotomy needed to be performed, an effort in breathing indicates need for suction. The provision of a clear airway is of vital importance. As Gary had had a tracheotomy, the nurse made it her duty to see that the lower airway was kept clear at all times.

The cardinal symptoms of temperature, pulse, respiration and blood pressure reveal the progress or regress of a craniotomy patient's condition. They are of utmost importance to the specialist. These vital signs had to be taken and charted with meticulous care.

A rise of blood pressure and a fall of pulse indicates increased intracranial pressure. Following operations in the inner brain region every effort is made to prevent a temperature rise over 102° F. Copious amounts of alcohol for sponge baths, light coverings, fan in room and alcohol compresses to the feet kept the boy's fever within normal limits.

Gary became very restless. He developed strength as he tried to get out of bed or attempted to tear the dressings from his head and neck. He jerked his head and yelled wildly for hours without interruption. He accused the nurse of having killed his father and his mother. He talked to people who were not present. These hallucinations lasted for two nights during which he was acting unbearably. He was tearing his restraints out with his teeth and he bit the nurse. He had short clear moments when he complained of headache and a sore throat. Sodium luminal and paraldehyde were ordered by the doctor to keep the boy quiet. Morphine as a rule is contraindicated. It depresses the respiratory centre, increases the intracranial pressure and masks the state of consciousness. The state of consciousness was determined by test questions, for example,

He was asked to open his eyes. Uneven dilatation of the pupils would indicate increasing intracranial pressure.

He was asked to grasp the nurse's hand. The nurse noted the degree of pressure.

He was asked to show his teeth or protrude his tongue. This test reveals any asymmetry of the face.

He was asked to move his legs in order to see if both legs moved with equal ease.

After the operation, Gary's pupils reacted normally to light. It depended upon the state of consciousness whether we got cooperation in carrying out the test questions. She called his name and asked simple questions like "Can you understand what I say? What is your name?" The way he responded gave the doctor a clue about the functioning of certain areas in the brain which control motor, sensory and mental activity.

The fluid intake was estimated by the doctor according to his blood pressure, urine output and condition of edema of face and head. It was calculated to prevent excessive dehydration and to decrease intracranial pressure.

Nursing care during convulsions includes protection of the child from injury. Padded side rails allowed the boy free movement and prevented him from falling on the floor. The nurse was continuously at his bedside to observe his behavior. The doctor was interested to know the parts of the body involved in the twitching movements, the posture of the body be-

fore, during and after the convulsive state and the sites of spasms. Eye movements, pupil changes, pulse and respiration rate, color and the state of consciousness were observed to detect the extent of the cerebral irritation. As convulsions produce increased secretion from the pharynx, the suction was used to keep his airway free. Oxygen administration was necessary to combat cyanosis.

Good nursing care can be judged by the condition of a patient's skin. Daily sponge baths were given during the acutely ill phase. Special attention was given to the pressure areas. His position did not cause particular concern because he remained so short a time in one spot. While he was running a high fever, alcohol sponges were used frequently. At the end of his illness he developed a papular rash on his body. To relieve the itchiness, he was bathed in sodium bicarbonate and caladryl lotion was applied.

He used his lungs so actively in shouting and yelling in his delirium that they were kept in constant movement without deep breathing exercises.

Gary was dressed in light comfortable clothing due to his high body temperature. His bed was changed regularly when he lost control during the critical stages of his illness. His bladder and bowels functioned without medical help. As his condition improved he regained control of micturition and defecation.

A healthy 10-year-old needs 8-10 hours of sleep on an average. Sleep provides the rest a child needs to supply him with new energy. A sick child, especially when the disease involves the nervous system and higher brain centres, needs rest of mind and body to preserve and regain strength. Gary's restlessness necessitated sodium luminal and paraldehyde in considerable doses to provide some hours of rest for him. During his convalescence he settled down with the other boys around 8:00 P.M. and slept until the breakfast arrived.

Mouth hygiene is important for an unconscious patient to prevent disagreeable odor and the formation of sordes. With sponges his teeth, gums and tongue were kept clean. The lips were moistened with liquid petrolatum to prevent chapping.

During the first 12 days of his stay in the hospital, Gary was too sick to take part in any activity. When convalescing, he was moved to a ward with five boys of his own age. He enjoyed their companionship in play, games and conversation. Eleven days following the operation, he dropped into a deep sleep from which he awoke fully conscious. His entire personality seemed to have changed with his regaining consciousness. It was easy to get along with him, his appetite was suddenly enormous. He would eat everything placed on his plate. There was no sign of any mental defect due to his illness, he answered quickly and showed great interest in all activities around him. His parents felt very much relieved. After five days he was ready to go home.

Health Teaching

When Gary was allowed to go home, his parents were reassured tactfully that their boy was a normal child on whom the disease had left no ill effect. They were instructed to seek their doctor's advice if they had any doubts or worries. It was most essential to treat him as normally as all the other children, otherwise Gary would likely develop a feeling that he was different. Sufficient sleep and adequate diet together with outdoor play activities would help the boy to regain his strength.

The normally drab diets of ulcer sufferers may become more flavorful as a result of new research showing that various spices are not harmful to ulcers. Cinnamon, allspice, mace, thyme, sage, paprika and caraway seed are permissible in the diets of those with active duodenal or gastric ulcers.

As long as they are taken with food, the spices listed cause no discomfort and do not alter the healing time of the ulcer craters.

The tests also include black pepper, mustard, chili pepper, cloves and nutmeg. In several instances these resulted in discomfort to the patient. Their use is not advocated in diet therapy in peptic ulcer diseases. — *Am. Journal Gastroenterology*

A Normal Delivery

PHYLLIS BAKKEN

THIS IS A SUMMARY of a normal pregnancy, labor, delivery and puerperium. There is nothing unusual about it except the routine miracle of one infinitesimal cell developing into a human being. The preparation of this study has given me a greater understanding of the relationships between the many factors involved in this "blessed event."

Mrs. Harper was a pleasant, cooperative patient, with a very keen interest in her child. This was her first baby, and as she had previously had little to do with infants or children, she was very receptive to suggestions and teaching.

Although the only indication of pregnancy she had noticed in the first trimester was cessation of menstruation, Mrs. Harper considered this a reasonably sure sign as she had always had a regular 28-day cycle. As her pregnancy progressed she noticed an increase in the size of her abdomen, a feeling of fullness and tingling in her breasts, and a mild degree of urinary frequency. At no time in her pregnancy did she suffer from any nausea, vomiting or "morning sickness."

She visited her doctor soon after her first missed menstrual period, and every month after that for the first seven months. Her pelvic measurements were carefully taken to discover any abnormality in the bony structure which might interfere with the normal delivery of the baby. During the last two months she reported more frequently to have her blood pressure and weight checked and her urine tested. A sudden increase in blood pressure or weight, or the presence of albumin in her urine would be a sign of toxemia and be treated immediately. A blood specimen which was taken was found to be Rh positive.

Mrs. Harper attended the Victorian Order of Nurses prenatal classes and participated in their exercise demonstrations. Both she and her husband read several books on the subject of pregnancy and child care, to better prepare themselves for parenthood.

Although her expected date of confinement was August 8, she had no signs of labor until 3:00 A.M. August 18, at which time she began having mild, irregular uterine contractions. She was admitted to hospital at 9:00 A.M. On rectal examination her cervix was found to be two fingers dilated. Her contractions had become more regular by now; every five to ten minutes lasting thirty seconds. Her membranes were still intact and she had no show. She was relaxing well between contractions.

On admission to hospital her blood pressure was 130/90 and pulse 80. The fetal heart rate was 140, strong and regular. A urinalysis was done and the results were within normal limits. Cultures were taken from her nostrils, and after bacteriological examination were found to be negative for hemolytic Streptococcus and Staphylococcus *aureus*. Her abdomen was palpated to determine the position of the fetus. At this time the fetus was in the right occipito-anterior position, i.e., the occiput was pointing towards the back on the right side of the pelvis.

The interne took a brief history which revealed nothing which would be detrimental to a normal delivery. As a child she had had the usual childhood diseases — measles, mumps and chickenpox. She also had had an attack of rheumatic fever which necessitated her being on bed rest for three and one-half months. However, she developed no cardiac complications following this illness. She had had no operations and was in excellent health. Nothing relevant was noted in her family history.

FIRST STAGE OF LABOR

The first or dilating stage extends from the onset of true labor until the

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Miss Bakken, a student at University Hospital, Edmonton, Alta. tied for the fourth Honorable Mention award.

cervix is fully dilated and the patient experiences a bearing-down sensation. In Mrs. Harper's case the duration of this first stage was nine hours forty minutes, which is considerably shorter than the 16 hours considered average for a primigravida. During this time she was admitted to hospital and prepared physically for delivery. The mental and psychological preparation that began with her first visit to her doctor, was continued and completed by the hospital staff. Her contractions became more frequent, of longer duration and of increasing severity as this stage progressed. A mucous show also appeared.

Nursing care during this stage included:

1. Minor skin preparation was done to make the perineum and surrounding area as clean as possible.
2. A high, warm, soapsuds enema was given to:
   (a) empty the bowels to allow more room for descent of the baby and to prevent contamination during delivery,
   (b) stimulate uterine contractions.
3. Her perineum was cleansed thoroughly following the enema.
4. The fetal heart was checked frequently to detect any fetal distress, should it occur.
5. Blood pressure, temperature, pulse and respirations were taken every four hours. There were no abnormalities to report.
6. Voiding was watched carefully as a full bladder may cause dystocia.
7. The progress of labor was checked by recording the frequency, strength and duration of contractions and by periodic rectal examinations.
8. Throughout her labor she was reassured and given explanations regarding her progress.
9. She was taught to breathe deeply through her mouth with her contractions, and to try to relax between pains.
10. Fluids were given as desired until the cervix became quite well dilated; then they were restricted to reduce the possibility of vomiting and aspiration after the anesthetic.
11. Sedation was given as necessary to keep her reasonably comfortable and relaxing well, without stopping the contractions. Demerol 100 milligrams, given intramuscularly, was used effectively for this purpose.

Second Stage of Labor

This stage of expulsion lasts from full dilatation of the cervix until the delivery of the baby. It is considerably shorter than the first stage, lasting only 51 minutes in this case. By now Mrs. Harper was having contractions every two to three minutes lasting 90 seconds, and had a strong urge to bear down. The perineum began to bulge and the anus to dilate. Nitrous oxide, oxygen and trilene were administered by mask with satisfactory results. She was catheterized to make more room for the baby's descent and to prevent damage to the bladder. A right mediolateral episiotomy was done to prevent the possibility of a tear in the perineum. As soon as the crown of the baby's head was visible, Ergotrate 0.25 milligrams was injected intravenously to aid the uterus in contracting and expelling the placenta. The delivery was fast and without difficulty. The baby was held upside down and suctioned gently with a soft rubber catheter to remove mucus and prevent aspiration of mucus or fluid. A cord clamp was applied approximately one-half inch from the baby's abdomen and the cord was cut. The baby was wrapped in warm, soft flannel and placed on his side in a warm incubator. His head was kept lower than the rest of the body to facilitate the drainage of mucus from his mouth.

Nursing care during this stage included:

1. The patient was moved, in her bed, from the labor room into the case room and assisted onto the table.
2. The fetal heart was checked frequently.
3. Her legs were fastened in the stirrups and the foot of the table was pushed in.
4. The perineum was washed with Germa Medica to make the area as clean as possible.
5. She was instructed to pull on the metal bars as she bore down. Her wrists were fastened to prevent her from injuring herself or contaminating the drapes.
6. We encouraged her to relax and rest between contractions.
7. Each new development or treatment was explained to her. She cooperated well.

Third Stage of Labor

The third or placental stage extends from the delivery of the baby until the delivery of the placenta, and lasts about five minutes. Ideally, the placenta is expressed spontaneously with minimal blood loss. In Mrs. Harper's case only 100 cc. of blood was lost during the entire delivery. Her uterus contracted well immediately after expulsion of the placenta and stayed firm.

Immediate post-delivery nursing care included:

1. A clean perineal pad was applied and a clean towel, folded in half, was placed under her buttocks before her legs were lowered onto the table.
2. She was covered with a warmed flannelette sheet and protected from drafts.
3. She was told the sex of the baby and was allowed to look at him before he was taken to the nursery. As soon as possible she was told his weight.
4. Identification bracelets were placed around the baby's neck and the mother's right wrist. They were sealed to prevent their being removed or lost.
5. She was given a complete bed bath, including breast and perineal care. A firm breast binder was applied and she was dressed in a warm gown. The nurse assisted her to comb her hair and apply make-up.
6. Her blood pressure, pulse, fundus and lochia were checked before leaving the case-room.
7. Mrs. Harper was transferred by stretcher to her bed on the ward.

Puerperium

The puerperium or postpartum stage is the period following delivery in which the reproductive organs return to approximately their normal size, shape and position. This takes about six weeks.

Nursing care given during this period included:

1. Mrs. Harper was taught to wash her breasts daily using Phisohex and a clean washcloth. To prevent contamination of the nipples she was instructed to wash from the areola to the outer circumference of the breast. A snug breast binder was applied to support the breasts and make her more comfortable during the period of engorgement. Camphor rubs were given at this time to ease discomfort.
2. She was taught to wash her perineum after each voiding, using the warm sterile water and swabs provided. To prevent fecal contamination she swabbed from clitoris to anus and used a clean swab for each stroke. With this care her perineum healed well with little discomfort. Benzocaine ointment 2.5% was used as necessary as a local anesthetic. Her lochia was moderate and bright red in color for the first few days, gradually turning to a darker red and finally a brownish hue. Although it decreased in amount it did not entirely disappear for three weeks.
3. A Senema suppository was given on her third day because her bowels had not moved since the delivery. After this, Magnolax one ounce was given at bedtime until her bowels began to function normally.
4. She was checked to make sure she had voided within a reasonable length of time following the delivery. Trauma and irritation at the time of delivery often make it very difficult for these patients to void and they may need to be catheterized.
5. A sedative, Seconal one and one-half grains, was given at bedtime for the first few days to assure a good night's sleep.
6. Starting on her fifth day she was instructed to lie flat on her abdomen for 30 minutes twice a day. She also began participating in the daily exercises supervised by the physiotherapist. On her sixth day she began assuming the knee-chest position for two or three minutes twice a day, gradually working up to 20 minutes twice a day. These exercises helped her regain good tone in her abdominal muscles and also assisted her uterus to resume its normal position. She was to continue these exercises after returning home.
7. The importance of adequate rest was emphasized and she was advised to secure help with her housework for the first few days.
8. Sponge baths were given daily until her fifth day when she was allowed to have a shower. After discharge from hospital she could shower and douche, but should not have a tub bath for three weeks.
9. She was reminded to visit her doctor for a check-up in six weeks and

to go again six months later.

10. We recommended Dr. Spock's Baby Book as an easily obtained, cheap, reliable source of information.

11. The Harper family fortunately lives in a community which sponsors a Well-Baby Clinic. We informed her of its location, hours, duties, etc., and urged her to make good use of its free services.

12. On discharge from hospital she was reminded that her baby was still being fed from her own body, the food now being produced by the mammary glands instead of being supplied through the blood stream as before birth. As a result, her caloric intake must remain at a high level. She should drink at least one and one-half quarts of milk each day, as well as other liquids in increased quantities. Rich, highly seasoned or fried food should be avoided. When she weans the baby from the breast, she must remember to return to a normal food intake, or she will gain excess weight.

The Baby

Little Michael John was delivered spontaneously after a gestation of 41 weeks. He was slow to cry at first, and was given oxygen by mask for cyanosis. Following this he had no respiratory embarrassment.

At birth he weighed six pounds four ounces. After losing four ounces in the first four days, he gained weight steadily until discharge from hospital, at which time he weighed six pounds five ounces. Newborn babies normally lose one-tenth of their birth weight in the first four days, and usually are birth weight by the tenth day. Breast fed babies generally gain faster, and quite often are over birth weight by the end of a week.

For the first 24 hours the baby was given a 5% solution of glucose in water every eight hours in the nursery. He fed well and did not regurgitate. He practised breast feeding after eight hours and every second feeding after that during the first 24 hours. This stimulated the mother's breasts to produce milk and aided involution by causing contraction of the uterus. Following this initial period he was put to the breast every four hours (skipping one feeding during the night so that the mother could have an undisturbed sleep) and was given glucose and water afterwards if he was not satisfied. By the third day he was receiving twelve ounces of breast milk in 24 hours and required only a small amount of glucose and water. Formula consisting of half-strength partly skimmed evaporated milk was substituted for breast milk at 2:00 A.M. After the fourth day he received ample breast milk and required no supplementary glucose.

Michael was circumcised when he was five days old. Half-inch cotton tape coated with Penicillin was applied to the penis immediately following this procedure, and was left in place for 24 hours. Vaseline gauze was applied after each voiding until he was discharged from hospital. There was no excessive bleeding and the incision healed quickly.

Dressing alcohol was applied to his navel daily to keep it clean and to promote healing by its drying action. After 24 hours the cord clamp was removed and within a week the cord had fallen off.

This baby had no difficulty either in voiding or moving his bowels. He passed meconium for the first few days, then his stool became yellow-curdy in nature.

Health Teaching

Mrs. Harper required quite a bit in instruction regarding care of herself and her baby. She was taught such basic rules as to always wash her hands before touching the baby, how to hold her baby while nursing, how to get the baby's mouth well back on the areola so that he would not damage the more tender part of the nipple, how to gradually increase the length of time the baby nursed so that her nipples would have a chance to toughen, how to break the suction in the baby's mouth before removing him from the nipple, how to feed him by bottle, how to "burp" him, etc. We suggested that when she was home she feed Michael on demand; that is not oftener than every three hours and not farther apart than five hours during the day. She attended classes given by the nursery supervisor where she learned how to bathe the baby, how to prepare for-

mula, how and when to feed him, when to begin solid foods, and the importance of cod liver oil and vitamins. She had ample opportunity to ask questions about any problems that were bothering her.

After a hospitalization period of eight days, Mrs. Harper and Michael were finally ready to go home. As Mr. Harper has a steady, well-paid job with a local wholesale house, they would not be burdened with serious financial difficulties. He is adequately covered by insurance so the family would be provided for in case of emergency. The parents are both members of the same Protestant church and will provide a good Christian home for their family.

Both Mr. and Mrs. Harper were a bit apprehensive about their ability to properly care for their young son. They were reassured and told to feel free to call their doctor at any time should any problems arise concerning either mother or son. It was pointed out to them that the Victorian Order of Nurses could be contacted and that a nurse would be sent to their home to assist them in any way possible. However, we were quite sure that no serious difficulties would be encountered, and they would become a proud and happy family.

Congenital Hip Dislocation

R. Williams

Mrs. Austin, a young housewife, twenty-eight years old, lives in a small oil town and has a family of three boys. She had managed with a congenital dislocated hip without noticeable difficulty until her first pregnancy. Her condition was discovered at that time and because of the danger of arthritic changes, surgical treatment was recommended.

Outwardly, Mrs. Austin appears a young mother with a cheerful, long-suffering disposition. She may be rather immature for her stated age, but she seems to have developed an optimistic outlook on life which has tended to reveal itself as flippancy or immaturity. She is happily married to an employee of an oil company. Their income is average for a family of five.

Inwardly, Mrs. Austin has a problem. Never before had she caused her family any physical or financial embarrassment. After the first surgery, in which she had an acetabular cup inserted in her right hip, she developed a severe limp. She became quite bitter about the consequences of the seemingly unsuccessful surgery. She tried to overlook these consequences and live for each day's joys and problems. However, constant, excruciating pain soon became a source of physical and mental anxiety, and a threat to a normal, happy family relationship.

An independent nature, Mrs. Austin loves to see to others' needs without causing any hindrance to anyone. Housekeeping is a "one-man" job and she enjoys it. Her family is a joy to her.

At present Mrs. Austin is confined to a hospital bed recovering from an operation for insertion of a femoral head prosthesis. This procedure of course takes time. Months are involved in the healing process of bone repair and restoration of normal leg function. This means that the "maker of a home" has left it. Her small sons, aged six, five, and two and one-half, need a mother's love and understanding. This is a blow to family relations.

Her condition did not follow the classical picture too well. At her own birth the lack of thorough medical investigation is evident. It is well for each of us to be aware of the signs and symptoms of congenital dislocation. There is an extra fold of skin near the gluteal region on one side, unequal leg length and limited movement of one leg. Early manipulation,

Miss Williams, a student at Calgary General Hospital tied for the fourth Honorable Mention award.

placing the head of the femur in the acetabulum and holding it by plaster casts can be instituted.

Mrs. Austin was admitted to hospital one day prior to surgery. It is well for the nurse to discuss with the doctor all that he has told the patient regarding future prognosis. If she is uninformed a nurse may cause undue concern on the part of the patient. Never must one allow the patient to think that this is a last measure resort and that probably in a few years, normal activity cannot be carried on.

The patient must know and understand the basic principle of the procedure, which is to provide a new femoral head to rotate in the acetabulum. She should be told that following surgery she will have plaster cast boots with a bar holding the boots in proper abduction so as to minimize movement of the hip joint for a period of approximately two to three weeks. This allows for repair of body tissue.

Reassurance by the nurse is imperative. This involves helpful understanding and confident remarks in response to the patient's questions. Allow the patient to express her feelings and don't blame her for feeling distressed. Don't jump ahead of the patient's feelings and answer questions with which you think she may be troubled. This may lead to further frustration.

Preoperatively, Mrs. Austin was in the best physical and mental condition possible. A warm cleansing tub bath was given because a healthy clean skin adds to the postoperative comfort of the patient. It is also relaxing. A skin preparation from midline to midline laterally, and right knee to waistline including the pubis, was done. A 20-minute Germa Medica scrub provided a protective film over the skin. Preoperative sedation, Nembutal gr. 1½, morphine gr. 1/6, atropine gr. 1/200 was ordered for one-half hour before surgery. Another scrub was done and sedation was given. Her blood type was matched for 1000 cc. of blood to be given in the operating room. The loss of body fluid is extensive and transfusions are essential to prevent shock.

The surgical procedure was removal of the old Newmann prosthesis, and the base of the neck of the femur. An Eicher reamer femoral prothesis was driven into the shaft. The incision was closed, and plaster boots were applied in wide abduction.

To minimize immediate postoperative shock, her bed was sent to the operating room so that she could be put on it directly from the table. Often the movement from the operating room table to the bed or stretcher may cause a sudden drop in blood pressure. Therefore, the least amount of movement is important.

She was observed closely, with pulse and blood pressure readings recorded every half hour for four hours, or until the blood pressure was stabilized.

Oxygen was administered. Oxygen is of benefit in prevention of postoperative atelectasis. The toes being exposed, it was easy to observe the color and temperature which are indicative of any circulatory disturbance.

As soon as Mrs. Austin had regained consciousness and was returned to the ward, rehabilitative measures were started. These began with deep breathing exercises and frequent change of position. Back care for the prevention of decubitus ulcers was routine. A Balkan frame with a trapeze bar over the bed helps the patient to move about.

When she was turned to the prone position on the first day a nurse on either side assisted. The leg was held in abduction and inward rotation and she was turned toward the unoperated side. On the third day, she was able to help sufficiently so that only one nurse was required.

Normal bladder activity is usually impaired and if the patient is unable to void, it is necessary to catheterize within eight hours. Mrs. Austin was self-sufficient from the beginning. She could raise herself by using the trapeze bar while the nurse placed the bedpan, or changed sheets. To work from the unoperated to the operative side, while making a bed, is most convenient.

Exercises were started on the second day. These should be repeated ten times every hour to strengthen muscles for future crutch walking.

Passive movement of the hips and gluteal muscle tensing was begun by the physiotherapist on the fourth day.

Mrs. Austin was allowed to sit up in a chair on the sixth day. The in-

ward rotation caused her considerable discomfort and she was able to tolerate this for half-hour periods only.

Proper diet and elimination were basic factors in her recovery. By the fourth day she was able to tolerate a full diet with additional high protein drink.

Bowel functions were essentially normal following the initial third day enema which cleansed the bowel and reinstituted normal functions. A mild laxative is helpful for a person on bed rest whose normal activity is greatly decreased.

Morale rehabilitation progressed as well. Although she had occasional depressed periods, on the whole, Mrs. Austin was amazingly cheerful. She was interested in her progress and preferred to become self-sufficient as soon as possible. Conversation with her room-mate and reading occupied her thoughts and time. She was very cooperative but would not overstep her rehabilitative plan.

Rehabilitation takes time, planning, forethought and special endeavor for all of the medical team. Muscle tensing exercises and movement in bed laid the foundation for further measures after the plaster casts were removed, about three weeks following surgery. This is the time when the patient must be watched closely and warned not to involve too much movement of the hip joint. Mrs. Austin heeded and succeeded. Four weeks following surgery she was able to stand and start walking with partial weight bearing. Further exercises and persistence will involve patience but she has the assurance that she will walk straight once again.

Too much optimism regarding the future may not be indicated. To avoid disappointment she must understand that joint function will be limited.

Teaching her regarding future care is "sowing seed on good ground." She knows that she must keep within the limits of moving about as the doctor prescribes. Her condition may yet predispose to arthritic changes and she should be taught the rudiments of the balance of rest and exercise.

Mrs. Austin will be returning to her family following discharge from hospital. It is felt that she will do all within her power to become a normal citizen of a small town community once again.

Testing Hypodermic Needles

Hypodermic needles, if procured from reputable suppliers, vary very little. To check an unknown brand, the following test list is helpful:

1. *Luer taper* — the inside hub of the needle is tapered to accommodate the tip of the syringe. Partially fill a syringe with water, attach the needle and seal the tip by slipping a solid rubber cord on it, then depress the plunger. If the union is true, there should be no bubbles or drops of water from around the hub.
2. *Cannula-hub attachment* — The attachment of the syringe to the needle should be firm enough to withstand an ordinary pull.
3. *Needle point* — It should be free from burrs, sharp and smooth. Check for sharpness by drawing across the finger; check for burrs by drawing across a piece of surgical gauze.
4. *Resistance to breakage* — With the hub in a fixed position, it should be possible to bend the cannula 20 times to both sides of the vertical position to an angle of 20-25 degrees, without damage.
5. *Resistance to bending* — Giving a hypodermic to an orange, which approximates the resistance of human skin, will indicate any excessive bending of the needle.

— *Hospitals*, January, 1957.

* * *

Sauerkraut is a Chinese invention. According to the National Kraut Packers Association, kraut originated in China about 300 years before Christ, while the Great Wall was being built. Bands of Tartars took loads of it to Europe, where it became a popular German dish.

* * *

Perhaps the earliest record of hospitals reverts to 437 B.C. when Bhudda appointed one physician to care for the sick and the poor for every ten villages.

— C. J. Decker.

Importance de la Technique dans le Soin des Nouveau-nés

MARCÈLE DORION, M.D.

JE DOIS VOUS DIRE au préalable qu'au cours de l'année juin 1955 à juin 1956, j'ai eu l'avantage de visiter les pouponnières des hôpitaux de la Province de Québec à l'exception de celles de la ville de Montréal.

J'ai pu alors constater que des améliorations pourraient être apportées dans l'application d'une technique reconnue nécessaire dans la manipulation des nouveau-nés. C'est pourquoi j'ai pensé en faire l'objet de cette publication.

Sachons d'abord que la période postnatale est aujourd'hui regardée comme une sorte de maladie et on s'attend à ce que chaque nouveau-né soit sous les soins du médecin non seulement durant la naissance mais aussi immédiatement après. Je crois que ceci est justifié car cette période est dangereuse et nous n'avons pas besoin de produire des statistiques pour le prouver. Mais c'est aussi une maladie universelle, la seule peut-être que chaque individu doit surmonter. Pour cette raison, nous parlerons principalement des moyens par lesquels nous pouvons le mieux aider chaque enfant durant ces quelques jours après la naissance.

Rappelons tout d'abord certaines caractéristiques du nouveau-né. Premièrement, tout enfant possède une certaine adaptation physiologique aux conditions de son nouveau milieu. Ainsi pour la température corporelle, elle peut varier de 97° F. à 99° F., et l'enfant y semble tout à fait indifférent. Toutefois, il y a des limites en dehors desquelles l'enfant ne peut être indifférent et où ses propres mécanismes régulateurs de la température ne peuvent plus la ramener dans les limites précitées. Il en est de même, pour donner d'autres exemples, de certaines substances sanguines telles que le glucose, les concentrations en ion hydrogène et en dioxide de carbone qui vont présenter des variations éloignées du taux normal de l'adulte. Le nouveau-né peut donc tolérer une latitude plus grande que l'adulte mais ses mécanismes de défense dans les cas extrêmes sont apparemment plus faibles que ceux de l'adulte.

En second lieu, nous devons nous rappeler que les quelques premiers jours après la naissance présentent normalement une période de balances négatives. L'exemple le plus simple est la perte de poids initial et personne n'essaie de corriger cette brève dépendance de l'enfant sur ses réserves. Ceci est également vrai de l'hémoglobine qu'il va dépenser plus rapidement qu'il ne peut la reproduire.

Ces deux caractéristiques affectent considérablement les soins que nous prodiguons à l'enfant et ne peuvent justifier le moindre élément de négligence à son égard. D'un autre côté, ce statut physiologique particulier du nouveau-né milite fortement en faveur d'une observation magistrale de ce patient qui refuse de se comporter selon les normes de l'adulte.

C'est pourquoi l'intérêt donné aux soins des nouveau-nés dans les pouponnières a suscité l'établissement de standards minima recommandés par les organismes professionnels et par les Services de Santé. Il peut y avoir certaines divergences sur des détails mais, en général, ils couvrent l'aménagement des milieux et les techniques de nursing.

AMÉNAGEMENT DANS LES POUPONNIÈRES

Nous passerons rapidement sur les exigences minima pour ce qui a trait à l'aménagement dans les pouponnières. Elles se rapportent principalement à: *L'espace requis par bassinette:* Il est

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très important, à cause du risque d'infection, d'éviter le surpeuplement des pouponnières. Il devrait y avoir, au minimum deux pieds entre les bassinettes et l'on devrait réserver pour chaque bassinette au moins 24 pieds carrés de surface.

L'équipement: Chaque pouponnière devrait avoir un évier à robinets actionnés par le pied, le genou ou le coude. Chaque enfant doit avoir sa bassinette et son nécessaire personnel comprenant draps, couches, thermomètre, huile et autres articles de toilette, remisé dans un cabinet attenant.

L'unité d'isolement: Il faut des facilités d'isolement, dans une pièce différente, pour le soin des bébés qui présentent des symptômes de maladies contagieuses; ces bébés seront soignés individuellement.

La chambre des boires: L'alimentation sera préparée dans une salle à part qui ne servira qu'à cette fin, dans le but d'assurer la salubrité des rations; cette salubrité des formules de lait artificiel est surtout garantie par le chauffage terminal des bouteilles avec les tétines et leur couvercle sur la bouteille.

Qualité du Personnel

Il est évident que l'aménagement intérieur d'une pouponnière favorise son bon fonctionnement mais un facteur plus important encore, c'est la qualité du personnel médical et infirmier. Tout d'abord, il importe que ce dernier soit en nombre suffisant. Le recrutement du personnel infirmier pose un problème difficile. Une bonne infirmière doit avoir les qualités suivantes: compréhension, adaptabilité, conscience professionnelle et fidélité constante à l'observance des détails techniques essentiels. Ces différentes disciplines ont été établies dans le but de protéger l'enfant contre l'infection.

Après que l'enfant a été transporté de la salle d'accouchement à la pouponnière des nouveau-nés, les manipulations doivent être réduites au minimum, mais une attention constante doit être apportée aux techniques individuelles. Chaque enfant doit être approché en se rappelant qu'il est potentiellement dangereux comme source d'infection. En effet, la flore microbienne héritée en passant dans le vagin de sa mère lui est spécifique. Plusieurs épidémies se sont déclarées dans des pouponnières soi-disant propres. La bassinette de l'enfant constitue une unité individuelle d'isolement et tous les soins à donner à l'enfant doivent se faire dans sa propre bassinette. Il ne devrait pas y avoir de table commune soit pour la toilette ou l'habillement des enfants.

Les principales sources d'infection proviennent du personnel hospitalier, des autres bébés, des aliments, des objets qui servent aux soins du bébé tel que: vêtements, huile, thermomètre, etc.

Le personnel doit donc être bien portant. On ne devrait jamais confier le soin des nouveau-nés à des personnes qui souffrent d'infections aiguës de la peau, de l'appareil respiratoire ou de l'appareil gastrointestinal.

Le lavage des mains est encore un des moyens les plus efficaces pour prévenir la dissémination des agents infectieux en provenance de l'infirmière ou des autres bébés. On se lavera les mains:

a. en entrant dans la pouponnière
b. en passant d'un bébé à l'autre
c. avant de nourrir chaque enfant ou de toucher à leur nourriture
d. après avoir changé un bébé de couche
e. après avoir touché un torchon, un mouchoir, avoir ajusté un masque ou être allée aux toilettes.

Ceci ne peut être fait régulièrement s'il n'y a pas d'évier dans chaque pouponnière.

Les infirmières devraient porter des sarraux à manches courtes afin de pouvoir facilement se laver les mains jusqu'aux coudes. L'emploi du turban est facultatif mais s'il est utilisé, il doit être mis avant que les mains soient lavées. Les masques peuvent donner une fausse impression de sécurité et ne sont pas recommandés pour emploi régulier par les infirmières. Pour ceux dont les obligations requièrent une brève visite occasionnelle, comme le médecin qui vient voir un ou deux patients, on peut exiger le port du masque.

Un masque, même s'il est bien fait, n'est effectif que pour une période de 20 à 30 minutes. Porter le même masque plus longtemps, ou le laisser autour du cou pour le remonter de temps en temps sur la bouche, ou encore sur la bouche et le nez, est non seulement inutile mais souvent dangereux.

Ces précautions préliminaires étant exposées, on comprend l'importance de limiter les contacts de personnes non averties avec les nouveau-nés. La prudence la plus élémentaire exige qu'on n'admette aucun visiteur dans la pouponnière proprement dite. Seuls les médecins et les infirmières y sont admis après avoir satisfait aux exigences mentionnées plus haut.

Soins aux Nouveau-nés

Les heures les plus graves de conséquences sont celles qui suivent immédiatement la naissance. Un nouveau-né doit être sous observation constante. La bassinette de tout nouveau venu à la pouponnière doit être placée de façon à être aisément surveillée. Son apparence générale doit être enregistrée ainsi que l'état du nombril. On doit observer l'apparition de cyanose ou d'hémorragie, de dyspnée, de vomissements. Le premier mouvement de l'intestin et de la vessie est noté au dossier. Quoique une baisse de température à la naissance peut être interprétée comme normale, on reconnaît tout de même qu'une température corporelle au-dessous de 96° F. indique un refroidissement et l'enfant doit être placé immédiatement dans une bassinette chauffée ou un incubateur.

Soin de la peau: On admet de plus en plus que moins on apporte de soins à la peau, moins il y a danger d'infection. Aucun bain à l'eau ou à l'huile ne devrait être donné durant le séjour à l'hôpital. Toutefois, pour des raisons esthétiques, on nettoiera les taches de sang dès l'arrivée de l'enfant à la pouponnière avec de l'eau chaude et un coton stérile. Le vernix caseosa peut protéger la peau contre les infections dans une certaine mesure et il disparaîtra spontanément après quelques jours. Les amas trop considérables seront enlevés avec un coton stérile. On n'emploiera de l'huile que pour les fesses après les avoir nettoyées à l'eau. Cette huile doit provenir d'un récipient individuel gardé près du lit de chaque enfant.

On doit garder propres l'ombilic et la région ombilicale sans y appliquer de pansement.

Température: Chaque enfant doit avoir son propre thermomètre; la température d'un enfant normal sera prise à son arrivée à la pouponnière et ensuite aux quatre heures jusqu'à ce qu'elle se stabilise après quoi on ne la prendra qu'une fois par jour.

Pesée: Chaque enfant doit être pesé près de la bassinette en évitant tout refroidissement. Il est recommandé de garder la balance sur une table roulante de sorte qu'elle puisse être déplacée facilement. Le plat de la balance doit être fraîchement recouvert pour chaque enfant. Les enfants en bonne condition générale seront pesés à la naissance, au 3ième jour et au moment de leur congé vers le 7ième ou 8ième jour.

En résumé, les techniques de nursing dans les pouponnières consistent à limiter les manipulations et à éviter les contacts trop immédiats entre les enfants. Le temps des infirmières peut être ainsi mieux employé et les risques de contagion sont réduits.

Il est incontestable que, parmi les techniques hospitalières, celles des pouponnières sont les moins développées. Si l'on désire que les techniques médicales modernes puissent s'appliquer dans toute leur complexité et sans entraves au groupe des nouveau-nés, il importe d'étudier sans délai les problèmes évoqués.

On doit prendre conscience du fait que l'insuffisance évidente dont souffre l'organisation des pouponnières est responsable d'un taux de mortalité et de morbidité élevé qui pourrait facilement être abaissé.

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Nursing Sisters' Association

The following members have been appointed to the executive of the Montreal unit: Mrs. A. E. Moll, president; M. Roach, vice-president; Mmes. S. Ramsey, T. W. Babbage, Miss N. Kennedy-Reid, executive committee; E. Cumbers, treas.; Mrs. R. Jacobs, recording sec.; E. Johnstone, corr. sec.; Mmes. E. Robson, T. W. Babbage, Misses K. McLeod, N. Goodill, social committee; Mrs. J. Toller, Miss N. Kennedy-Reid, sick visiting committee.

Nursing Profiles

Helen G. McArthur, the national director of nursing services of the Canadian Red Cross Society has been awarded the Florence Nightingale medal, for outstanding service in her profession, by the International Committee of the Red Cross in Geneva. Although of international interest because of the scope of her activities, this recognition will bring a special glow to the hearts of Canadian nurses who have followed her career with interest and affectionate pride.

Miss McArthur obtained her B.Sc. from Alberta in 1934, after completing undergraduate training at the University Hospital, Edmonton and public health study at the University of British Columbia. Experience as a senior public health nurse in the Foothills Health District of Alberta preceded an adventure in pioneering a comprehensive health program in the more remote districts of northern Alberta. A Rockefeller Fellowship secured Miss McArthur her M.A. from Teachers College, Columbia University and was followed by her appointment to the faculty of the University of Alberta. She subsequently served as acting director of the School of Nursing for four years. In 1944 she was named director of the Public Health Nursing Division of the Alberta Department of Public Health. Two years later she assumed her present position.

Of recent times, her work in Korea as coordinator with the International Red Cross has won her much acclaim. This was an assignment that Miss McArthur undertook in July, 1954 returning to Canada in December, 1955. Those of us who have had the good fortune to hear her story of the Korean people and the work being done in that war-torn country have been conscious of two predominating sensations — a sense of greater kinship with nurses everywhere, and the Korean nurses in particular, and a feeling of increased pride in our country and our profession as represented by this warm, vital personality.

Somewhere Miss McArthur has found the time to participate actively and productively in professional organizations at provincial and national levels. Her most recent contri-

(John E. Milne A.R.P.S., Toronto)

FLORENCE EMORY, HELEN MCARTHUR, KATHLEEN RUSSELL

bution was as president of the Canadian Nurses' Association from 1950-54.

The Florence Nightingale medal is the highest award that nursing can bestow upon a distinguished member of the profession. As we offer our warmest congratulations to Miss McArthur, might it not be well to remember that Canadians have, to date, formed a majority of the recipients and to reflect upon the responsibilities that each one of us has in upholding this record of service.

Jacqueline Gagnon has joined the professional staff of the Association of Nurses of the Province of Quebec as an assistant registrar. Born and educated in Quebec City, she received her training in nursing at Hôpital du Saint-Sacrement there, graduating in 1943. She enrolled at Laval University and secured her "Baccalauréat en Sciences Hospitalières" in 1946, her Bachelor's degree in Social Service in 1948 and her Master of Social Service the following year. Since then she has been directing the medical social work in the Cancer Clinic at Hôtel-Dieu, Quebec City.

Miss Gagnon has held a great many offices and committee chairmanships, during the past ten years, in her district association, the A.N.P.Q., The Canadian Association of Social Workers and other organizations. This background of professional experience will be exceedingly valuable to her in her new work, especially since she is completely bilingual. The study of languages fascinates her to the point that it has become a leisure-time pursuit.

Jacqueline Gagnon vient d'être nommée assistante registraire de l'Association des Infirmières de la province de Québec. Née à Québec elle y reçut son éducation et fit ses études d'infirmière à l'hôpital du St-Sacrement d'où elle fut diplômée en 1943.

Poursuivant ses études à l'Université Laval, Mlle Gagnon recevait en 1946 son baccalauréat en Sciences hospitalières. L'année suivante on la voit s'inscrire aux cours de Sciences sociales obtenant, en 1948, un baccalauréat et l'année suivante une maîtrise en Service social. Depuis elle a dirigé le service social de la Clinique anticancéreuse de l'Hôtel-Dieu de Québec.

Mlle Gagnon s'est occupée activement des questions professionnelles depuis dix ans; on la voit faisant partie ou présidant de nombreux comités dans son district, à l'A.I.P.Q., l'Association des Travailleuses sociales du Canada, etc. L'expérience de Mlle Gagnon, ses nombreux contacts, son bilinguisme lui seront très utiles dans sa nouvelle position. L'étude des langues intéresse particulièrement Mlle Gagnon — c'est un de ses passe-temps favori.

Kathleen Marshall has taken up her new duties as director of nursing of Jeffery Hale's Hospital, Quebec City. Born and educated in Leeds, England, Miss Marshall received her nurse's training after she moved to Canada, graduating from the Ontario Hospital in London in 1934. She secured her certificate in teaching and supervision in schools of nursing from the University of Toronto. Miss Marshall was on the staff of the Ontario Hospital, London, until 1945 when she became instructor at the Allan Memorial Institute in Montreal. Three years later she became supervisor of nursing in that division of the Royal Victoria Hospital, Montreal. Miss Marshall has always maintained her keen interest in the work of the Canadian Girl Guide Association. She was a member of the Soroptimist International of Greater Montreal for many years.

KATHLEEN MARSHALL

Gladys Louise Fitzpatrick has assumed the duties of director of nursing of the Hospital for Mental Diseases in Brandon, Man. A graduate in 1938 of the Nova Scotia Hospital, Dartmouth, N.S., Miss Fitzpatrick received her certificate in teaching and supervision in psychiatric nursing from the McGill School for Graduate Nurses in 1947. She succeeds **Julia H. B. (Ryfa) Hannah** who after seven years of service as superintendent of nurses there has joined her husband in Montreal.

Edith Millard retired last spring after nearly 30 years service in nursing, much of it spent at Victoria Hospital, London, Ont., her Alma Mater. Since 1948 Mrs. Millard has been assistant director of nursing there following many years of duty as senior night supervisor and, later, assistant in the nursing school office. From 1932 to 1941 Mrs. Millard was on the nursing staff of Westminster Hospital, London.

Honoring Mrs. Millard on her retirement, many social functions were arranged and presentations made. She will continue to reside in London.

In Memoriam

Nell V. Beeby, who for the past 20 years has helped to guide the activities of the *American Journal of Nursing* and The American Journal of Nursing Company, died at her home in Jackson Heights, New York on May 17, 1957.

Born in India, Miss Beeby received her early education in Illinois and her basic nursing experience in St. Luke's Hospital, Chicago, graduating in 1919. For the next five years general staff nursing and private nursing in obstetrics claimed her interest. From 1924-28 she served as a supervisor and instructor in obstetrics and surgery at the Hunan-Yale School of Nursing, Changsha, China. Changes in the political situation forced her return to the United States and she became supervisor of the obstetrical department in her home school.

An apparently limitless supply of energy allowed her to take an active part in the life of various professional organizations; continue studies at the University of Chicago and later Teachers College, Columbia University and contribute many articles concerning nursing service and nursing education to the *American Journal of Nursing* and other professional publications. It was during the course of her studies at Columbia University that her career with the Journal began. Acting first as part-time news editor, Miss Beeby became the assistant editor in 1936. Twelve years later she assumed the responsibilities of editor of the *American Journal of Nursing* and executive editor of the American Journal of Nursing Company. Under her guidance two additional professional publications started life — *Nursing Outlook* and *Nursing Research.*

NELL V. BEEBY

Her outlook on nursing was international in quality — partly the influence of her missionary parents and her own experiences in China but to a very great degree the result of her tour of duty in war-torn Europe during 1945 as foreign correspondent to the Journal. Development of closer ties and freer exchange of information among nurses the world over was a cause close to her heart. Her personal contribution towards this end was an extensive correspondence that she maintained with nurse editors and nurse leaders the world over. The American Nurses Association, the National League for Nursing, the American Hospital Association, the American Public Health Association and the Christian Medical Council for Overseas Work benefitted from her foresight and nursing wisdom.

In February, 1957, Miss Beeby was awarded the coveted Mary Adelaide Nutting medal — one of the highest tributes of the nursing profession in recognition of outstanding leadership and achievement.

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Jean Beggs, who graduated in 1928 from the Grace Hospital, Winnipeg died at Fort William, Ont. on April 23, 1957 at the age of 70. Miss Beggs took an active interest in the work of the local Red Cross Society

and other community organizations.

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Hedwig Johanna (Hahr) Kirby, a graduate of the Children's Hospital, Winnipeg in 1935, died in that city on April 9, 1957. Throughout her professional life Mrs. Kirby engaged in private nursing.

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Jessica Dunbar (Johnston) Kneen, who graduated from St. Joseph's Hospital, Victoria in 1920, died at Nanaimo, B.C. on March 9, 1957. Following graduation, Mrs. Kneen became the matron of the Campbell River hospital for one year. Most of her professional life was devoted to private nursing.

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Loyolla (Forestell) MacKenzie, a graduate of St. Mary's Hospital, Kitchener, Ont. in 1932 died in February, 1957.

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Sister Gertrude, one of the four Grey Nuns who helped to establish the Holy Cross Hospital, Calgary in 1891, died at Provincial House, St. Albert early this year. When she retired in 1948, Sister Gertrude had spent 57 years as a nursing sister. She was 88 years old.

The Nurse and Citizenship

ELLEN M. DRAKE, LL.D.

EVERY CITIZEN in the nation owes service to his community over and above that given in the course of earning his living. He owes this, first as a duty towards his neighbor and also in return for what his community has given him in the way of education, by providing schools for his use, and in health and welfare by providing those services which insure the well being of each citizen.

WHAT IS GOOD CITIZENSHIP?

Christ was asked once "Which is the greatest commandment of the Law?" His answer provided the world with the whole law in capsule form. He said "Thou shalt love the Lord God with thy whole heart and with thy whole soul, and thy neighbor as thyself, for the love of God." This is the answer to the question, What is good citizenship?

Love of God and love of neighbor are the very essence of good citizenship, the hallmark of true patriotism and the bedrock of peace and freedom. These twin loves are synonymous and the existence of either one presupposes the existence of the other.

Education for citizenship begins in the home which is the basic unit of the community and society. It is in the home that the individual receives his first lessons in citizenship. It is in the home that the child learns to respect himself and to respect the rights and property of his neighbors; that he learns to respect authority in the home, in the school, in the community and in his church; that he learns racial and religious tolerance, brotherhood, etc. We may say that the foundations of peace are laid or wrecked around the kitchen table many times.

Home education is continued in the school and the church, and has its fruition in every human activity, in every department of life, in work, in play and in prayer. The citizen is formed before he goes to school or church.

Great and necessary virtues for good citizenship, so often neglected are courtesy and politeness. These virtues have been called the oil cans that lubricate the wheels of human relations. Such phrases as "please," "thank you," "excuse me," "may I pass," "do you mind," "would you like me to help you" . . . Oh, what a difference they make in work and in play at home and abroad. How greatly good relations between humans would be advanced if everyone were courteous.

The decline and decay of any nation begins in the homes of the nation.

Mrs. Drake is a former national president of the C.W.L., residing in Regina.

Knowing this fact, our enemies use every means in their power to corrupt home influences. We see evidence of this all about us in the resulting lawlessness, drug addiction and gross immorality reported in the press daily. We see large scale efforts to corrupt the nation, and especially the youth of our nation, by means of bad literature, obscene pictures, movies and the like. These are the corrupt influences good citizens must recognize and combat before it is too late.

What should the community expect of the nurse, and what are her duties and responsibilities in the community? It should not be necessary to tell a nurse that, in addition to the regular acts of good citizenship performed by her in common with other good citizens, she owes it to herself, to her parents, to her Alma Mater and to her community, to give additional voluntary services for which she has special training and is best fitted to perform.

The community should expect a member of the oldest and noblest profession for women to be many things to many people. Rightly or wrongly, the community expects the nurse to be a leader and a model citizen. Her personal qualifications — pleasing personality, courage, unlimited patience, honesty, humility, unselfishness, all attributes of a good nurse, in addition to her training, experience in working and dealing with all types and classes of people, enhance her value to any community and equip her to play a leading and very important role in building up the best kind of community welfare.

The good nurse, married or single, will not consider her duty ended when she removes her uniform, but will be as alive to her responsibilities as other citizens in her community.

If the nurse gets married — and they say four out of five do marry — then her home will be her best sphere of influence in the community.

As wife and mother the nurse should be an outstanding example to all wives and mothers in the manner in which she gives moral, physical and intellectual training to her children. From the point of view of hygiene, child care, nutrition, and character formation, the nurse's home should be a model for all to see and emulate. This is expected of the nurse. She does not lose her identity as a nurse when she marries. This is her golden opportunity to enhance favorable public opinion toward her profession.

Other spheres of influence outside the nurse's home might be:

The Hospital Auxiliary — She could interest the taxpayers in the needs of the hospital, in health problems and in sound planning for the future.

Parent Teacher Associations — She could be active in the P.T.A. and give talks to mothers on health, nutrition, and hygiene.

Church organizations — She should be active in her church organization for women, and expend her time and talent in every way possible.

Leisure Time

The community is now facing a major revolution in this age of automation. During the industrial revolution, man was made a slave of the machine; now the machine takes over the work of the slave. The ordinary person belongs, or soon will, to the leisure class, a class which was once reserved for the privileged few.

What are we going to do with all this leisure time? We have an obligation as good citizens to use our leisure time wisely. Only a portion of it ought to be used for necessary recreation. It has been said that it is in his leisure time that man may become great or even famous. It will now be possible for the average person to engage in more creative activities, in cultural pursuits, in hobbies. Through these many ways, our leisure will not be permitted to deteriorate into an empty time, a time to be idled away in futility.

Here is an opportunity for the nurse to help to initiate a program of leisure time pursuits of a cultural nature, to arouse people to their responsibility to use their precious new leisure wisely and for the uplift of the whole community. There are many ways in which young alert people of education and culture can do this.

In the community the nurse will not be working in isolation. She will be serving with others, each contributing

according to his or her special skills and training. If every citizen is doing his duty, and is busily engaged in a special field of service, then virtue carries its own reward.

All citizens are entitled to life, liberty, and the pursuit of happiness; to police protection, to fire protection, to health services, to educate their children in the schools of their choice, to worship in the church of their choice. These, as far as we are concerned in Canada are ours without question. Therefore, I am unable to see any other special duty or responsibility the community owes to a teacher, a doctor, a lawyer, a nurse, or anyone who has fulfilled his or her duty as a good citizen. All should be mutually appreciative and grateful for the services each renders.

To conclude, I would say there will be found many obstacles in the way of the accomplishment of the duties of good citizenship but chief among these will be discouragement and frustration due to many causes — the magnitude of the task before us, the apathy of those who should be most concerned with present conditions, the ridicule of those who don't want anything reformed and the cold water thrown by the "Can't-be-doners."

In the face of all this it is only human to feel inadequate and to say "what's the use?" However, impelled by the duty we know to be ours, we should resolve to attack the problem that lies closest and give it our best attention. Carlyle once said "Our business is not to see what lies dimly at the distance, but to do what lies clearly at hand."

A perfect formula for good citizenship was given to the world by the gentle St. Francis of Assisi in the following little verse:

> Lord, make me an instrument of your peace. Where there is hatred, let me sow love; where there is injury, pardon; where there is doubt, faith; where there is despair, hope; where there is darkness, light; and where there is sickness, joy.

The application of the principles outlined in this little formula will take the good citizen into all departments of life, into the councils of men, into the hospital ward, into the prison cell, into the funeral parlor, into the homes of the widowed, the orphaned, and the destitute.

With a full heart and with deep sincerity, the good citizen may then sing "Oh, Canada, We stand on guard for thee."

A new picture of cardiovascular adjustment of the newborn has been reported. Eleven newborn infants, ranging in age from seven hours to 14 days, were studied. Cardiovascular adjustment in these normal infants took place gradually over 3 to 4 days instead of in minutes or seconds, as has been thought.

The ductus arteriosus apparently serves an important function during this period. This vessel, which normally closes as the child develops, helps to recirculate blood through the undeveloped lungs of the newborn to insure that there is enough oxygen for brain tissue. Although it was known that this duct often remains patent for several weeks after birth, it was not previously known that for a few days following delivery the fetal direction of blood flow is maintained through the duct.

Further study of this phenomenon is needed to determine if cerebral palsy and certain types of mental deficiency may be related to a sudden accidental reversing of blood flow through the ductus arteriosus immediately after birth. — *Scope Weekly*

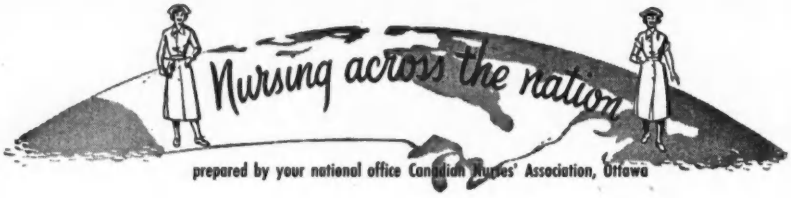
* * *

". . . The key to the efficiency of the health service of a nation is more correctly reflected in the number of people kept out of hospitals than by the number of its hospitals and statistics of beds occupied and patients treated . . ."

—Hospital and Health Management

* * *

An apparently new disease with symptoms resembling those of scarlet fever, but without its seriousness, was reported . . . The scarlet fever-like symptoms were fever, sore throat and a generalized, bright red rash. However, no streptococci . . . were isolated from the throats of the patients and there was no scaling of the skin as in scarlet fever. — *North Carolina Health Bulletin*



Pilot Project Launched

National Office is pleased to extend a welcome to Miss Helen Mussallem, newly appointed director of the Pilot Project for the Evaluation of Schools of Nursing. The June issue carried an announcement of Miss Mussallem's appointment.

On September 1, Miss Mussallem will join National Office staff and, following a period of orientation, will proceed to the Division of Nursing Education of the National League for Nursing in New York for a period of three months. During her time with the League, Miss Mussallem will participate in all aspects of the accreditation program. She will return to National Office in January 1958 to commence her new duties as Director of the Pilot Project.

Financial Assistance

We are pleased to announce that the Manitoba Association of Registered Nurses has contributed $1,000 to the Pilot Project.

This first contribution from a provincial association is gratefully acknowledged on behalf of Canadian nursing. To the President and members of the M.A.R.N. our sincere thanks.

It is expected that through contributions from two Foundations, the expenses entailed during the Director's period of experience with the N.L.N. will be adequately met.

Schools Chosen

The Committee on the Pilot Project met recently to choose the schools that will be evaluated during the project. Of 96 schools willing to participate, 25 were chosen. This choice was made according to the following criteria:

> At least one school from each province, the size of the school, control of the school (whether under Roman Catholic sisterhoods, provincial, municipal, voluntary lay auspices or attached to special hospitals), and the type of program offered. The CNA is pleased with the interest displayed by our Canadian schools or nursing.

Regional Visitors Chosen

Prior to the meeting of the Committee on the Pilot Project each provincial registered nurses' association was asked to submit names of nurses who would be available to act as regional visitors during the project. From 39 names submitted, nine were chosen.

Letters have gone to these nurses requesting their assistance. It is planned that early in the new year the Director will meet with these nurses to outline procedures and complete plans for the evaluation of the selected schools.

First Canadian Conference on Nursing

At the February 1957 CNA Executive Committee meeting, discussion centred on the imminence of hospital insurance legislation and its possible implications for nursing service and education. Serious concern was felt over the effects of hospital insurance on the future supply of registered nurses to meet the nursing needs of the Canadian people. It was agreed that the CNA should call a meeting of interested persons in order to discuss this topic.

A planning committee appointed by the president, Miss Trenna Hunter, met in April to outline plans for such a meeting. The over-all objective was stated as:

> To consider the impact on nursing of a government insurance plan for hospital and diagnostic services and to

discuss ways and means of ensuring the necessary quantity and quality of nursing service.

In May, an invitation was extended to the members of the Dominion Council of Health, which includes the Federal and Provincial Deputy Ministers of Health, to attend this "Conference on Nursing." The Conference will be held in Ottawa preceding the meeting of the Dominion Council of Health next November. Representatives of many groups from allied fields will be invited to attend.

Planned on the pattern of the WHO Technical Discussions, two plenary sessions and a number of small discussion groups will be arranged.

The provincial nurses' associations will be represented by their executive secretaries and one other nurse to be appointed by these associations.

Each provincial nurses' association has been asked to set up a committee, representative of nursing service and nursing education, to discuss problems in nursing relevant to government hospital insurance programs. The reports will be compiled into a study document to be sent to all participants prior to the Conference.

Nursing Care for Our Citizens

The CNA Nursing Service secretary was privileged to assist with a two-day Institute on Nursing Service arranged by the Manitoba Association of Registered Nurses' Committee on Nursing Service held in Winnipeg on April 25 and 26.

"Are we Giving Our Citizens the Best Nursing Care?" was the theme chosen and the three main topics discussed were:

1. Meeting the patients' psychological needs.
2. Better use of auxiliary personnel.
3. Improving channels of communication.

About 50 nurses were registered for the institute which included speakers and group sessions. The group discussions centred around specific problems which were assigned to each group, though the members were free to choose another if they wished. There was active participation from all and the discussions were lively.

A few of the points emphasized in the discussion groups were:

A cardinal principle is that the patient must be regarded as an individual.

It is important to utilize every opportunity to actively listen to patients.

Some of the patients' anxieties should be anticipated right from the time of admission.

A sick and handicapped child needs help in realizing that he has his own contribution to make in the family group.

The patient should be in the confidence of the medical team and know what will happen and be advised of symptoms which may occur.

Job satisfaction is important in stabilizing auxiliary nursing personnel. This may be achieved by:

A good orientation and continuing program of in-service education.

Clearly defined responsibilities and one person to whom personnel is responsible.

Variations in the background and the abilities of the auxiliary groups can be used to good advantage. This requires skillful counselling and placement.

There is need for improvement in communications between hospitals and other agencies including improved methods of referral.

Nurses need to know the community resources available to meet the needs of their patients but the agencies also have a responsibility to make known the services they have to offer.

It is important to give all personnel an opportunity to express their ideas.

It is necessary to prepare people for changes when introducing new ideas.

This type of institute is valuable in providing an opportunity for an exchange of ideas. The group process helps to develop skill in communication and leadership — the ability to express oneself — to respect the opinion of others — to record and report concisely.

Royal Patronage Granted

At the June 1956 Executive Committee Meeting it was unanimously agreed that representation be made to Her Majesty the Queen to act as patron of the Canadian Nurses' Association.

The request was formally presented to the Honorable Roch Pinard, Secretary of State. It was with pleasure that we received the following communication from Buckingham Palace:

I am commanded by The Queen to inform you that Her Majesty has been graciously pleased to grant her Patronage to The Canadian Nurses' Association.

It will be in order for the words "Patron — Her Majesty The Queen" to appear in future under the name of your Association on all correspondence.

Le Nursing à travers le pays

Le projet d'accréditation est lancé!

Le Secrétariat National est heureux de souhaiter la bienvenue à Mademoiselle Helen Mussallem qui vient d'être nommée directrice du "Projet-Essai" d'Evaluation des Ecoles d'infirmières. La nomination de Mlle Mussallem a été annoncée dans le numéro de juin.

Mlle Mussallem entrera au secrétariat national le 1er septembre. Après une période d'orientation, elle fera un stage de trois mois à la "National League for Nursing," section de l'éducation, à New-York; pendant ce stage, Mlle Mussallem participera au programme d'accréditation sous tous ses aspects et commencera son travail au Canada avec le début de l'année 1958.

Contribution financière

Il nous fait plaisir d'annoncer que l'Association des Infirmières du Manitoba a contribué pour une somme de $1,000 au projet d'accréditation.

Cette première contribution d'une association provinciale a été reçue avec reconnaissance par l'A.I.C. Nous prions la présidente et les membres de l'Association des Infirmières du Manitoba d'accepter nos sincères remerciements.

Nous nous attendons à ce que les dépenses encourues par Mlle Mussallem durant son stage à la National League for Nursing soient défrayées entièrement par les dons reçus de deux Fondations.

Les Ecoles choisies

Le Comité du Projet-Essai s'est réuni récemment pour faire le choix des écoles dont on procédera à l'évaluation. Sur les 96 écoles ayant accepté de participer à ce projet, 25 furent choisies. Ce choix fut basé sur les critères suivants:

Une école par province, au moins; importance de l'école; direction (communautés religieuses catholiques-romaines, contrôle provincial, municipal ou organisation privée, écoles attachées à des hôpitaux spécialisés) programme. L'A.I.C. se réjouit de l'intérêt manifesté par nos écoles d'infirmières canadiennes.

Choix des Visiteuses régionales

Avant l'assemblée du Comité du Projet-Essai, une lettre fut adressée aux associations provinciales les priant de nous faire parvenir une liste de noms d'infirmières qui pourraient agir comme visiteuses régionales. Sur les 39 noms reçus, 9 furent choisis.

Des lettres furent adressées à ces infirmières pour solliciter leur concours. Dès le début de l'année prochaine, la directrice du projet réunira ces infirmières pour déterminer la ligne à suivre et compléter les plans d'organisation pour l'évaluation des écoles choisies.

Première conférence canadienne sur le Nursing

Lors de la réunion du Comité Exécutif de l'A.I.C., tenue en février 1957, la discussion porta sur l'imminence d'une législation portant sur l'assurance hospitalisation et de ses répercussions éventuelles sur le service du nursing et sur l'éducation des infirmières.

Le comité exprima ses inquiétudes sur les effets que pourraient avoir l'assurance hospitalisation sur la population infirmière de l'avenir: y aura-t-il des infirmières en nombre suffisant pour répondre aux besoins de la population canadienne. Il fut décidé que l'A.I.C. réunisse les personnes intéressées afin de discuter sur ce sujet.

Un comité d'organisation, nommé par la présidente, Mlle Trenna Hunter, se réunit en avril pour préparer les plans d'une telle réunion dont le but général serait le suivant:

Considérer la répercussion sur le nursing d'un plan gouvernemental d'assurance hospitalisation et de service de

diagnostic et de libérer sur les moyens à prendre pour assurer les soins nécessaires, en ce qui concerne les infirmières, tant au point de vue quantitatif que qualitatif.

En mai, une invitation fut adressée aux membres du Conseil National de Santé dont font partie les sous-ministres des services fédéral et provinciaux de santé d'assister à cette conférence. La conférence aura lieu à Ottawa, avant la réunion du Conseil National de Santé. Des représentants de divers groupes des domaines connexes seront aussi invités.

La technique des discussions de l'OMS sera adoptée au cours des deux séances plénières et des discussions en petits groupes qui auront lieu.

Les associations provinciales seront représentées par leurs secrétaires et une autre infirmière nommée par chaque association. Chaque association provinciale a été priée de former un comité composé de représentantes du service du nursing et de l'éducation en nursing pour étudier les problèmes en nursing se rapportant au programme gouvernemental d'assurance hospitalisation. Les rapports seront rédigés sous forme de document d'étude et seront envoyés à tous les participants avant la conférence.

Soins à nos concitoyens

Une secrétaire de l'A.I.C. a eu le privilège d'assister à deux journées d'études organisées par l'Association des Infirmières du Manitoba en avril dernier.

"Donnons-nous à nos concitoyens les meilleurs soins en Nursing"? Tel fut le thème choisi et les trois points suivants furent discutés:

1. Répondre aux besoins psychologiques du malade.
2. Meilleur emploi du personnel auxiliaire.
3. Améliorer les moyens de communication.

Environ 50 infirmières se sont inscrites à ces journées d'études. Il y eut des conférences et des discussions par groupes, chacun discutant de problèmes particuliers qui lui étaient assignés bien que chacun des groupes fut libre de choisir l'étude d'une autre question si désiré. La participation fut active et les discussions animées.

Les quelques points suivants furent soulignés par les conférenciers:

Un principe de tout premier ordre est la considération du malade comme une personne humaine.

Il est important d'écouter attentivement les malades et de profiter de toute occasion pour le faire.

Un enfant malade ou handicapé a besoin qu'on l'aide à réaliser qu'il doit apporter sa propre contribution au groupe familial.

Le malade doit être mis au courant par l'équipe médicale de ce qui arrivera et informé des symptômes qui peuvent survenir.

La satisfaction au travail est un facteur important de stabilisation parmi le personnel auxiliaire; on peut atteindre ce but par:

un bonne période d'orientation et un programme de formation en cours d'emploi;

la définition des tâches et la nomination d'une personne directement chargée du personnel;

La variété du milieu familial et des capacités des auxiliaires peuvent être utilisées avec avantage; il faut pour cela que ces personnes soient conseillées et placées avec discernement.

Il importe aussi d'améliorer les voies de communication entre les hôpitaux et les autres organisations de même que les méthodes employées pour diriger les divers cas.

Les infirmières doivent connaître les ressources dont dispose la collectivité pour pouvoir venir en aide aux malades mais les diverses organisations ont aussi le devoir de faire connaître les services qu'elles sont en mesure d'offrir.

Il est important de donner à tous les membres du personnel l'occasion d'exprimer leurs idées.

Il est nécessaire de préparer les gens à un changement avant d'introduire de nouvelles idées.

Ces journées d'études ont une grande valeur; elles fournissent l'occasion d'échanger des idées.

L'étude par groupe permet aux membres de communiquer plus facilement entre eux, développe l'esprit de chef, la facilité de s'exprimer, le respect de l'opinion des autres et l'art de compiler et de rédiger des rapports concis.

Patronage royal

Lors de la réunion du Comité Exécutif, il fut décidé à l'unanimité de demander à Sa Majesté la Reine d'accorder son patronage à L'Association des Infirmières Canadiennes.

La requête fut officiellement présentée à l'Honorable Roch Pinard, Secrétaire d'Etat. C'est avec plaisir que nous avons reçu récemment le message suivant daté du Palais de Buckingham:

Par ordre de la Reine je vous informe que Sa Majesté a accepté avec plaisir d'accorder son patronage à L'Association des Infirmières Canadiennes.

Vous avez désormais le privilège d'ajouter sous le nom de votre Association: "Sous le patronage de Sa Majesté la Reine."

Sélection

Le Dossier du Malade

Le monde serait probablement encore dans l'âge des ténèbres si nous n'avions pas eu d'archives. Les notes conservées par les premières religieuses hospitalières furent précieuses à Florence Nightingale pour établir la profession sur des bases plus solides; ces premiers dossiers ainsi que les siens lui ont été utiles pour démontrer au monde que le nursing et la médecine devaient s'unir afin de donner aux malades et aux blessés les soins dont ils avaient besoin.

Les rapports sur l'état du malade sont devenus une habitude dans la vie de l'infirmière professionnelle et toutes les observations, notées dans leurs menus détails et constituant le dossier du malade ont servi au médecin comme moyen de diagnostic et de traitement. Par la suite, ces dossiers servirent à la recherche médicale favorisant une connaissance plus précise des symptômes.

De nombreux exemples pourraient être donnés pour illustrer l'importance des dossiers; dans beaucoup d'endroits, cependant, spécialement dans les petits centres, ils sont souvent incomplets. Pas une banque ne tenterait de manipuler l'argent du public sans tenir un compte détaillé des moindres transactions. Combien plus importants encore est la tenue de dossiers complets quand il s'agit de vies humaines; ils sont essentiels pour assurer aux malades les bons soins dont ils ont besoin.

Beaucoup d'infirmières se rappellent très bien les symptômes constatés chez tel ou tel malade, de même que les signes d'amélioration de l'état de leurs malades mais elles sont troublées quand on leur demande des précisions. Les informations conservées de mémoire s'oublient vite et ne sont pas d'un grand secours au malade, au médecin ou à l'infirmière, d'où l'importance de les noter avec précaution.

Il arrive aussi que certaines infirmières commettent l'erreur de passer trop de temps à faire des rapports, soit par la répétition de certains renseignements ou en les recopiant d'une formule sur une autre. Il faut connaître le but principal des dossiers qui est d'assurer les meilleurs soins à chaque patient. Le dossier contient généralement l'histoire du malade dans le passé et de sa maladie présente, les rapports de l'examen physique du laboratoire, les notes périodiques concernant l'amélioration de l'état du malade, la fiche de température, les ordonnances prescrites par le médecin et les rapports des infirmières. Quand le malade quitte l'hôpital, le médecin traitant y ajoute au moins un diagnostic ou plusieurs, selon le cas.

Le dossier est en plus l'aide mémoire du médecin. Comme la pratique de la médecine est devenue plus technique et que l'on fait des examens et épreuves de toutes sortes, les rapports écrits sont devenus indispensables.

Le dossier permet aux diverses personnes qui donnent des soins au malade; médecin, infirmière, assistante sociale, physiothérapiste de se renseigner etc.

Le dossier est un document important qui peut servir, au besoin, à prouver certains droits légaux et à justifier certaines réclamations de la part du malade: accidents, assurances, etc.

Enfin, le dossier a une grande valeur dans le domaine des recherches médicales.

A certaines d'entre nous, la tenue des dossiers peut sembler être une perte de temps, à d'autres, une tâche ingrate et ennuyeuses, mais toutes, nous serons mieux disposées à faire cet effort si nous avons en vue le bien-être du patient et les progrès de la médecine et du nursing.

Communiqué par Mlle J. Bertrand — A.I.P.Q. *Nursing Times* 1955.

L'équation du succès, selon Einstein

Einstein avait une équation pour sa philosophie de la vie, équation tout à fait accessible aux non-initiés, qu'il formulait ainsi: A = X + Y + Z. Il l'expliquait de la façon suivante: Si A représente le succès dans la vie, alors X est le travail et Y les loisirs. Quant à Z, c'est le silence qu'il faut savoir garder.

Extrait de *l'Information Médicale et Paramédicale.*

The V.O.N.

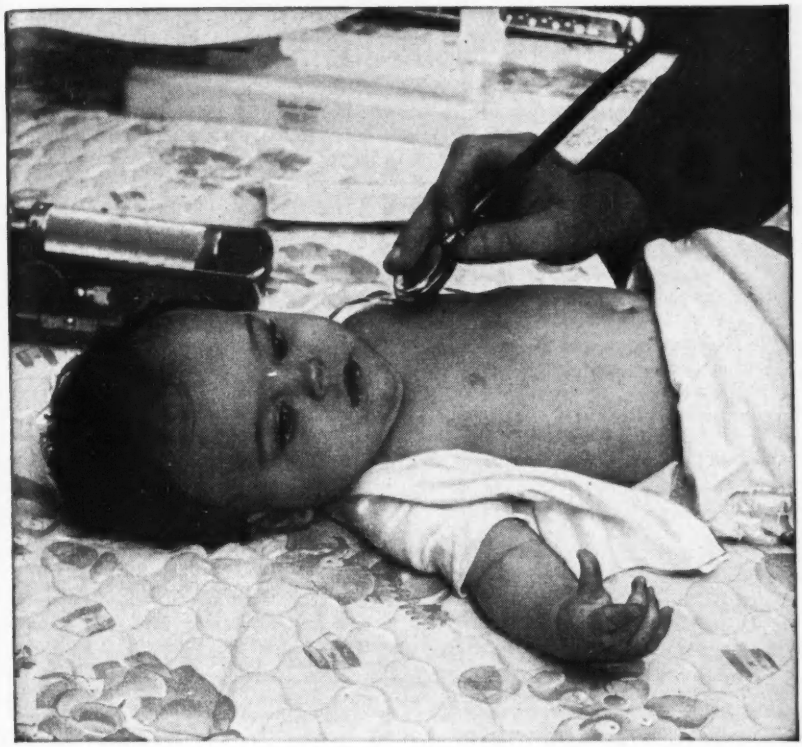
Victorian Order Nurses, their story who can tell,
Well does Victoria know them — Saint John knows them well.
From Nova Scotia's chilly clime to farthest western strand,
The Order's blue clad nurses are in day and night demand.
They never fail to tag the stork, though late and far he roams,
Or counsel worried mothers in the country's pleasant homes.
We're just a band of nurses who go about the town,
Bidding patients keep their spirits up, and keep their physic down.
We follow up our cases in rain, or shine, or sleet,
If other transportation fails, we always have our feet.
We get the doctor's orders, nor let one need go by,
Postoperative dressing, or a single "hot and high."
A wondrous wealth of detail we find upon our hands,
From Tommy's chronic colic to a dearth of pots and pans.
One patient's careless liver has slipped 'round to the back,
And one's sciatic nerve had strayed upon her colon's track.
Wee Billie had the "janders" on coming here at first,
The other babies had it bad, but sure he had it worst.
Jack had the double measles when he was very small,
His mother had the Caesar's cut before he'd come at all.
And so it goes from morn to night, from night again to morn,
There's someone sick or someone sad or someone getting born.
At many birthday parties we're very welcome guests,
"My wife says you will come at once and bring some babies' vests."
Some trust us with their secrets, some swamp us with their woes,
Some get us mixed with Providence when short of coal or clothes.
Some pay us twice our modest fee, some cannot pay at all,
But that will never stop us from responding to the call.
The call to those who suffer; be they children, women, men,
All colors, creeds, conditions, know and bless the V.O.N.
But if we play some favorites in carrying out our parts,
What wonder if the smallest ones are nearest to our hearts.
It isn't easy going — there's prejudice to fight,
Dummies, officious neighbors, and windows sealed up tight.
But when the battle's over we can share the mother's joy,
When the puny ailing babies change to sturdy girl and boy.
It helps us thro' our daily round, it cheers us for the fray,
The work that waits us, feast and fast, Christmas and New Year's Day.
The lowest infant death rate from coast to far-flung coast,
We've done our share in making that, Victorians happy boast.
We like to think we're some use in this grim world of strife,
For strength and health are more than wealth — "They are the Nation's Life."

— *Author unknown*

Canadian Nurses with WHO

The following is a list of nurses who have recently joined WHO or have transferred to other areas of service.

M. Brown is on the staff of the Children's Hospital, Karachi. **M. Meagher** has joined the VDT project in Chittagong, E. Pakistan. **M. Pae** is with the Rural Health Nursing Education project, Assam. **D. Cox** has been assigned to Ludhiana, India from Bombay. **M. Dolphin** has gone to Mauritius Island from Syria. **Q. Donaldson** has transferred to Sudan from Jordan. **M. Hudson** is in India following duty in Ceylon. **R. Wilson** has moved to Indonesia from Iran. L. Giovanda, E. Green, E. Gillespie, H. Reimer, L. Thordarson, K. Durrell, and E. Williamson have recently left WHO staff. Misses Durrell and Green are studying at the University of Washington, Seattle and D. Potts is enrolled at Columbia University.



"Resistance to infection enhanced in subjects fed meat"

In a study made on the effects of meat in the infant diet, "Illness rates for the two years of the study demonstrated a 40% lower morbidity rate in the meat-fed group as compared to the control group." Therefore, "Although the standard hospital diet provided both an adequate caloric and protein intake, it is apparent that resistance to infection was enhanced in the subjects fed meat."

—Jacobs and George, "Evaluation of Meat in the Infant Diet", Pediatrics 10,463 (1952). Swift's prepare eight varieties of Meats for Babies—*all meat*, not mixtures—Beef, Lamb, Veal, Pork, Liver, Liver and Bacon, Beef Heart and the new strained varieties Chicken, Ham, and Chicken and Veal. Also Egg Yolks and Salmon Seafood for Babies. Swift's also prepare chopped Meats for Juniors.

Swift's most precious product

Swift

To Serve Your Family Better

SWIFT CANADIAN CO. LIMITED.

In The Good Old Days

(*The Canadian Nurse* — JULY, 1917)

Routine medical inspection of school children will neither prevent nor materially alter the course of outbreaks of contagious disease. The school is by no means such an exclusive centre for the dissemination of acute infectious diseases as is generally assumed. Rather, it should be regarded as a convenient place for studying the incidence of these diseases and for devising new methods for controlling their spread.

* * *

The Canadian Society of Superintendents of Training Schools during their 1917 convention approved a change of name for their organization. It is now "Canadian Association of Nursing Education." Membership is open to all nurses engaged in the education of nurses, including head nurses and instructors.

* * *

The graduate nurses of Essex County have decided to raise the private duty nurses' fees for 12 hours of work as follows: General duty, $4.50 per day; obstetrical work, $5.00 per day; contagious diseases, $6.00 per day. For mental, drug, alcoholic and nervous cases the nurse is at liberty to fix a price with the patient or the family and charge as she sees fit.

* * *

The Alumnae Association of the Winnipeg General Hospital has decided to encourage its members to take special postgraduate training. A special committee has recommended that a scholarship of $200 be offered.

* * *

Oleomargarine had its origin in France in the middle of the 19th century when Emperor Napoleon III desired to furnish the working class with a cheap, stable substitute for butter. The prize that he offered for the discovery of such a subtance was won by a chemist who by treating beef fat was able to produce a butter substitute that was free from taste and odor and melted readily in the mouth. It is now manufactured from many forms of animal fat as well as from several vegetable oils. After its preparation it is well washed with milk to give it the flavor of real butter.

Mrs. Jackson, nurse at the garrison hospital at Annapolis Royal, Nova Scotia, in 1747:

The Orderly Sergeants of those Companys who have any sick Men in the place appointed at this time for a hospital are to Visit them every morning and report to their respective Captains or Commanders of the Companys what the men may be in want of and see that the allowance of Salt Meat stopt to procure them fresh Provisions be accordingly exchanged for such and the Nurse appointed to attend the sick take good care of them & provide what is necessary — Jackson to be exempted from other Duty to assist his Wife whilst she is employ'd in nursing the Sick for which she is to be allowed 20/- New England Money old Tenor a Week.

— *Documents Relating to Currency, Exchange and Finance in Nova Scotia, 1675 - 1758*

Victorian Order of Nurses

The following is the list of changes in the Victorian Order of Nurses for Canada:

Appointments — Amherst: Mrs. *Ella Rhindress* (Nova Scotia Hosp.). Brockville: *Caroline Stark* (St. Jos. Hosp., London). Burnaby: Mrs. *Patricia Chadwick* (Vancouver Gen. Hosp.). Edmundston: *Therese Berube* (Notre Dame Hosp., Sherbrooke). Halifax: *Alice Adamson* (Halifax Infirmary). London: *Judith Wainwright* (St. Jos. Hosp., London). Medicine Hat: *Shirley Gilchrist* (Grey Nuns' Hosp., Regina). Moncton: Mrs. *Pauline MacLaren* (Saint John Gen. Hosp.). Montreal: *Rhoda Phinn*. Niagara Falls: *Irene Jane Harrison* (Hamilton Gen. Hosp.). North Vancouver: Mrs. *Bell Gurbert* (Royal Alex. Hosp., Edmonton). North York: Mrs. *Leon Bragg* Hamilton Memorial, North Sydney). Ottawa: *Virginia MacLean* (Hosp. for Sick Children, Toronto) and Mrs. *Marilyn Reddy* (Winnipeg Gen. Hosp.). St. Catharines: Mrs. *Nina Wagner* (Stratford Gen. Hosp.). Saint John: Mrs. *Janet Allingham* and Mrs. *Barbara Langille* (Saint John Gen. Hosp.). Saskatoon: *Vivian Adams* (St. Eliz. Hosp., Humboldt). Sydney: Mrs. *Myra MacMillan* (Glace Bay Gen. Hosp.) and *Lucille Power*

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

SALARIES

(1) Public Health Nursing Supervisors: up to $4,860 depending on qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,620 depending on qualifications and location.

(3) Public Health Staff Nurses: up to $3,600 per year depending on qualifications and location.

(4) Hospital Staff Nurses: up to $3,420 per year depending upon qualifications and location.

(5) Nursing Assistants or Practical Nurses: up to $185 per month depending upon qualifications and location.

* Room and board in hospitals — at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available.

* Special compensatory leave for those posted to isolated areas.

For interesting, challenging, satisfying work, apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.

(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

(St. Jos. Hosp., Glace Bay). Toronto: *Eleanor Barr* (Victoria Infirmary, Glasgow); *Doreen Cunningham,* Mrs. Ardith *Grant* (Toronto West. Hosp.); Mrs. *Jean Grose* (Prince Ed. Is. Hosp.); *Winnifred Hendrikz* (McGill University); *Sarah Ann Mercer* (St. John's Gen. Hosp.); *Irene Pinch* (Grace Hosp., Winnipeg). Trenton: Mrs. *Anne Larry* (Saskatoon City Hosp.). Waterloo: Mrs. *Marjorie Carroll* (Kitchener-Waterloo Hosp.). York Township: *Christine Paton* (Toronto West. Hosp.), *Margaret Thompson* (Soldiers' Memorial, Orillia).

Transfers — *Alma MacLeod* to Cornwall. *Shirley Smith* from Montreal to Hudson District as nurse-in-charge.

News Notes

ALBERTA

ATHABASCA

A chapter was organized late in the past year with Mrs. M. Gault as president, Mrs. E. Parr, vice-pres., Mrs. H. Harrold, sec.-treas. A delegate was sent to the annual convention in Banff.

DISTRICT 3

CALGARY

Holy Cross Hospital

The alumnae association has decided to offer 10 life memberships. Candidates are to be paid-up members chosen for outstanding service in the organization or in the profession. Voting will be done by secret ballot. The annual graduation banquet was held in May at the Al San Club and the Blossom Tea took place in the assembly hall of the hospital. A home cooking sale, parcel post, apron and bazaar counter were features of the tea. An alumnae reunion is planned for October 5-6.

A. Sauvé is working at the King Edward VII Memorial Hospital, Bermuda. C. Bowd is working in Corpus Christi, Texas. F. Linstead has joined the R.C.A.F. Mrs. P. (Maloney) Hines is on the staff of St. Jos. Hospital, Victoria. Mrs. M. (Tees) Bingaman is working in Burnaby General Hospital. M. Smith took postgraduate study in rehabilitation nursing in New York.

HIGH RIVER

Mrs. Svea Leitch and Mrs. Kay Irving attended the annual provincial convention

THE ROOSEVELT HOSPITAL
APPLICATION FOR APPOINTMENT
NURSING SERVICE DEPARTMENT

NAME .....

ADDRESS .....

.....

BIRTHDATE ..... MARITAL STATUS .....

WHERE REGISTERED .....

CLINICAL SERVICE DESIRED .....

POSITION SOUGHT .....

DATE AVAILABLE .....

EDUCATIONAL BACKGROUND

SCHOOL	ADDRESS	DATE OF DIPLOMA OR DEGREE

EXPERIENCE (LIST MOST RECENT POSITION FIRST)

POSITION	HOSPITAL	LOCATION	DATE

TRANSPORTATION PAID UPON APPOINTMENT TO STAFF.

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59TH STREET
NEW YORK 19, NEW YORK.

as delegates. A tea was held on Hospital Day under the direction of chapter members. Clothing and other articles have been collected for distribution to needy patients in mental institutions.

VULCAN

Dr. Schneider was the guest speaker at a meeting held early in the year. Members assisted with the first aid course held in the local school. A delegate attended the annual provincial convention held in Banff.

DISTRICT 4

MEDICINE HAT

Dr. J. M. Cowan discussed electrolyte balance at a recent district meeting attended by 36 members. A rummage sale was held in June under the convenership of Mrs. Desharnais.

DISTRICT 7

EDMONTON

General Hospital

Sr. Ste. Croix, director of nurses, attended the St. Paul's alumnae reunion in Saskatoon. Rose Marie O'Byrne was a delegate to the N.L.N. convention in Chicago. A tea was held recently in honor of Mrs. (Hockaday) King. The graduating class enjoyed a busy round of social activities which began with a dinner sponsored by the intermediate students. Dr. Moreau, president of the medical staff, honored the graduates with a tea at the McDonald Hotel. A Mother and Daughter tea preceded the banquet and ball sponsored by the alumnae association. Graduation exercises were held at the University of Alberta and diplomas were presented by, His Honor, the Lieutenant Governor, Dr. J. J. Bowlen.

BRITISH COLUMBIA

VANCOUVER

General Hospital

At a meeting of the alumnae association held earlier this year, the following decisions were reached: The Bursary loan fund was made available to students in training as well as to graduates. It has been decided that the reinstatement fee will be abolished as of 1958 and the annual fee will be $3.00.

The new wing of the hospital is progressing very rapidly and is scheduled for completion in 1958. The Medical School wing is also nearly ready for use. In 1958, the alumnae association will observe its 50th anniversary. This is also British Columbia's Centennial Year. The alumnae executive hopes to plan an appropriate project to mark the occasion. A reception was held in the Hotel Vancouver in honor of the members of the graduating class. E. Harsall is on the

staff of St. Jos. Hospital, Victoria. F. Fleming, K. Heaney, P. Capelle, M. Sorenson, L. Maxwell, N. Lee and Miss McFayden were on the list of Canadian nurses attending the ICN in Rome. J. (Melneczuk) Fawcett is now director of nursing at Mission City hospital. P. Knowlton studied public health nursing at U.B.C. this year. C. Kennis and D. Hall are working in Los Angeles. N. Cambon is working at Westminster Hospital, London, Ont. D. Kergin and A. (Lennox) Mitton are doing public health nursing in Kitimat. C. Harvie has joined the staff of the Royal Jubilee Hospital, Victoria. O. Yonge is a member of the Sask. Dept. of Public Health in the Prince Albert area. M. Beswetherick is a member of the teaching staff of her home hospital, as is B. Prince. I. (Lamoureaux) Kellmann is working in the operating room. M. Rutherford did postgraduate study in New York this year leading to her B.A. L. (Marshall) Johnsson is a public health nurse in Calgary. P. Butler is a nurse-missionary in East Transvaal South Africa. M. Rogers is working at a mission hospital in French West Africa. M. Morton has joined the staff of the General Hospital in Burnaby. E. Hack and K. Tyler are working at Kelowna; E. Sparks is in Pentincton; B. Burr, K. Evans, M. Higgenbottom are working in Honolulu; M. L. Burnett is now in Toronto. D. Robertson is working in Fort St. John; B. Reavill is at the Trail-Tadanac Hospital and D. Varcoe is in Sardis at the Coqualeetza Indian Hospital.

St. Paul's Hospital

P. (McGinnis) Nicholson is doing part-time school nursing in Walnut Creek, California. J. O'Reilly is in charge of the surgery at Coachella Hospital, Indio, California. A. (Lander) Underwood is working in the obstetrical department of St. Luke's Hospital, Bellingham, Wash. B. A. Hufty, J. Stiles, S. Mermet and D. Dally are on the staff of Washoe Medical Centre, Reno, Nevada.

Dr. George Elliott, the assistant deputy minister of health for B.C. was the guest speaker at a recent meeting. The organization of the entire program of Salk vaccine in the province is under his direction and his remarks were of considerable interest to his listeners. Dr. J. Freundlich discussed various cardiac conditions at a later meeting.

MANITOBA

District 2

Brandon

The annual meeting of the chapter was held at the General Hospital with an attendance of 36. Representatives were present from Virden, Hamiota, Ninette, Carberry and Erickson. Mrs. Jean Fargey was in charge of the business session. M. Kullberg and her committee took charge of the entertainment.

ST. BONIFACE

St. Boniface Hospital

Early in May a tea was held in aid of the Scholarship Fund. Mrs. R. McNaughton, Sr. Jarbeau, Sr. Bohemier, Sr. Thille received the guests while Drs. M. Bennett, M. Mann, M. Lowen, L. Barnhouse, J. Crain, M. Melyska, B. Hodson, C. Hall, M. Blanchair and Mrs. Grace presided at the tea table. A sale of handicrafts was held during the tea under the direction of Mrs. R. Dumas and a sale of home cooking was in charge of Mrs. W. Montgomery.

THE PAS

Phyllis Martin, a Red Cross nurse, travels by railroad car and on foot to serve hundreds of families in the rugged 350-mile area between The Pas and Churchill. Her "hospital" is a converted baggage car. In the course of slightly more than a year she has carried through an extensive diphtheria immunization program, has administered two doses of anti-polio vaccine to all children served by the Red Cross car, has assisted with a dental clinic that attracted 140 adults and children, and has carried out an x-ray survey in an area where two cases of tuberculosis were suddenly discovered. In addition Miss Martin added cooking and sewing classes to her schedule to help the residents buy food and clothing wisely.

WINNIPEG

Children's Hospital

The hospital board assisted by the hospital guild and alumnae association held a very large and very successful rummage sale.

At a recent meeting of the alumnae, Mrs. B. Pascoe showed members a movie of the old hospital, laying the cornerstone for the new hospital, the move into the new building and activities there. It was very interesting to all present. The dinner for the graduating class was held at the Business and Professional Women's Club. Sterling silver spoons bearing the hospital crest were presented to the guests of honor.

NEW BRUNSWICK

CHATHAM

Under the leadership of Mrs. B. Norris, members of the Miramichi chapter discussed the subject of accreditation of schools of nursing in Canada. An outline of the requirements and procedure for accreditation as carried out in the United States was given by E. J. MacDonald. At the same meeting, J. J. Arsenault, x-ray survey officer, gave an interesting address on what is being done towards the eradication of tuberculosis in New Brunswick. A drop in the provincial mortality due to this disease is noted but complacency must still be avoided.

MONCTON

Judge W. F. Lane, the guest speaker at a recent chapter meeting, discussed citizenship in a very interesting and informative manner. One minute's silence was observed in tribute to the late Miss Alma Law. Mrs. M. Wilbur reported that the second edition of the chapter Cook Book would be printed and ready for distribution in the fall.

The Nurses' Hospital Aid

Myrtle Kay was made an honorary member of the organization at a recent meeting. A very satisfying report was given of the concession at the Moncton Hospital. The graduation banquet and dance were held in May.

ST. STEPHEN

Chapter members are already busily engaged in preparations for the annual convention in October at which they will be hostesses. With a membership of 60, the chapter is one of the most active in the area. Ten meetings were held during the past year with the highlight of a recent one being a presentation by Miss M. Archibald, secretary-registrar, of the possible effects on nursing service of the Russell Report.

SAINT JOHN

Some 250 nurses attended the annual memorial services in remembrance of members of the profession. Protestant services were held in Centenary-Queen Square United Church under the direction of Rev. D. J. Miller. Roman Catholic services were conducted in the Cathedral of the Immaculate Conception by Rev. M. McGillivray.

Local hospitals were visited recently by the Honorable Paul Martin, minister of National Health and Welfare. He was escorted through the General Hospital by Dr. C. Trask, superintendent, and viewed, in particular, the progress of the new wing. A visit to the Provincial Laboratory preceded his inspection of St. Joseph's Hospital where he was conducted through the building by Sister Veronica, hospital administrator. Mr. Martin also visited the D.V.A. Hospital at Lancaster and the Ridgewood Occupational Centre.

ONTARIO

DISTRICT 3

OWEN SOUND

General and Marine Hospital

The alumnae association has pledged $775 towards furnishing a nurses' lounge in the new wing of the hospital presently under construction. The spring formal for the student nurses received assistance from this organization as well. Members have enjoyed a variety of speakers at their regular meetings including a discussion of the newer

methods of cardiac surgery by Dr. John Brewster.

District 4

St. Catharines

General Hospital

Mrs. Mary Hazell was honored at a meeting of the alumnae association earlier this year when she was made the recipient of several sterling silver, gold-plated teaspoons, one being engraved "M.T.S. 1907-1957," as well as a lapel pin and corsage. A demonstration of flower arrangements followed and several members won dainty floral pieces.

Quebec

District 3

Sherbrooke

Miss C. Aitkenhead was the guest speaker at a regular meeting of the chapter earlier this year. Her topic was "The Canadian Nurses' Association — Fifty Years of Progress."

Sherbrooke Hospital

Mrs. Singleton, the hospital housekeeper, discussed hospital housekeeping in relation to nursing service at one of the regular staff meetings. A May Day Tea and Sale was held by the student nurses late in April in Norton Residence.

District 11

Montreal

In April, the annual meeting of the English Chapter was held in the auditorium of the Montreal General Hospital. The program for the evening was arranged by the Nursing Service Committee and was entitled — "Nursing made Easier." It consisted of a series of demonstrations of nursing care by nurses active in a particular field and was designed to be of interest to all nurses. Demonstrations included: 1. How to manipulate a Stryker turning frame. 2. Methods used in nursing an unconscious patient. 3. The application of tube gauze. 4. How to care for a patient in a respirator.

An institute on team nursing, arranged by the Nursing Education Committee, was held later in that same month. The institute was conducted by Mrs. Dorothy Perkins Newcomb, B.S., R.N., consultant in nursing service administration in Massachusetts. Approximately 120 nurses from all fields of service were present. It was planned to help nurses understand how the team functions and what each one can do to help it operate as effectively as possible.

General Hospital

In April the alumnae association held their annual card party in Livingston Hall. About six hundred people attended. It was a tremendous success, socially and financially. The numerous beautiful door prizes helped make the event an outstanding success. Miss Herman, the president, and Miss Iris Jensen and her committee deserve a great deal of credit for making the party a red-letter day. The proceeds from this function will enable the association to complete the $1000. payment to the E. Francis Upton Memorial Fund of the Association of Nurses of the Province of Quebec. This fund has been set aside by the Association to assist needy nurses, either by outright gift or by a loan.

At an earlier meeting two lady lawyers, Miss Constance Short and Mrs. Wilhelmina N. Holmes, spoke to members on "Legal Aspects of Medicine." The alumnae

gave the graduating class a dinner again this year. It has become an annual event of outstanding importance to all graduates of the school. The dinner took place in June at the Ritz Carlton Hotel.

Queen Elizabeth Hospital

A. Tulloch and R. Stelps are presently in Florida. Mrs. Thelma (Gulline) Barkley is on the staff of the operating room. A successful fashion show was held in Griffith Memorial Hall earlier in the year. F. Bryant was elected president of the alumnae association for the current year with E. Williams as secretary and K. Grant, treasurer.

Royal Victoria Hospital

The annual alumnae dinner in honor of the graduating class was held early in May at the Ritz Carlton Hotel. S. Little responded to the toast to the guests of honor proposed by L. A. Ellis. Dr. Douglas J. Wilson of *The Montreal Star*, the guest speaker, provided much food for thought in his interesting and very entertaining address. Dr. Wilson was thanked by Miss R. Fellowes.

The class of 1932 chose this opportunity to observe their 25th anniversary and 34 members enjoyed their dinner together. Those coming from a distance included: R. (Ayers) McCutcheon, Sarnia; M. (Brady) Burns, Ottawa; E. (Cassidy) Torio, Pembroke; C. (Dawe) Pratt, St. John's, Nfld.; E. (Hamilton) Dawson, Bedford, N.S.; A. Lamb, London: J. (MacMillan) Griesbach, Toronto; E. (Moar) Pflug, Florida; E. (Morris) Murray, Livermore Falls, Maine; C. (Murray) Morse, St. John's, Nfld.; E. (Rees) Morrison, California; M. Romans, Halifax; M. (Smith) Sparling, St. Thomas; H. (Tirrell) Crawford, Toronto.

The annual meeting of the association was devoted to presentation of reports and election of officers. The return to office of the past year's executive, practically unchanged, and under the presidency of Mrs. M. Butler was a tribute to a job well done. W. MacLeod was elected to the executive as 2nd vice-president.

Dr. David L. Thompson, Vice-Principal and Dean of the Faculty of Graduate Studies, McGill University, was the guest speaker at the graduating exercises in mid-May. Seventy-five graduates received their diplomas from Mr. G. Blair Gordon. Prize winners were: J. Evans, Mabel F. Hersey award; J. Tancred, Nellie Goodhue award; H. Walden, Alexina Dussault award; M. McKimmie, Dr. Tremble's prize; L. Matthams, obstetrical nursing prize; V. Vujanich, Nursing School Office prize; P. Smith, Etta Philbrick prize; L. Bryce, pediatric nursing prize; M. Reid and N. Fraser, general proficiency prizes. M. Nicholson and L. Olmstead received the intermediate prizes for general proficiency. A. Haggart was awarded the Women's Auxiliary bursary for postgraduate study.

A tea for the new graduates and their parents concluded graduation festivities.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Matron & Nurses (General Duty) for small hospital in southern Alberta. **Nurses:** $200 per mo. with $5.00 per mo. increment every 6 mo. for 3 increments. 40-hr. wk. Full maintenance. 3-wk. vacation & 10 statutory holidays per yr. with pay. Sick care. **Matron** to state salary desired. Apply The Secretary, Municipal Hospital, Raymond, Alberta.

Director of Nursing (August, 1957) for new 63-bed hospital to be completed January, 1958. An opportunity for R.N. experienced in nursing service administration to inaugurate the nursing service in a new hospital. Please state salary expected, experience, age & references to Administrator, Maple Ridge Hospital, Haney, British Columbia.

Superintendent of Nurses for 39-bed hospital in small B.C. town on the verge of big developments. Must have, or be able to obtain, B.C. registration. Salary dependent on qualifications. For details write Administrator, Queen Victoria Hospital, Revelstoke, B.C.

Matron for modern 30-bed hospital. Duties to commence immediately. Private 3-room suite. 4-wk. annual vacation with pay after 1 yr. service. All statutory holidays. 44-hr. wk. Full-time Sec.-Treas. For further particulars contact Robert G. Keast, Sec.-Treas., District Hospital, Roblin, Man.

Director of Nursing for 100-bed hospital. Position available at any convenient date, preferably June 1st. Apply Administrator, Norfolk General Hospital, Simcoe, Ontario.

Superintendent for modern 52-bed community hospital **on or before Sept. 1, 1957.** Situated 50 mi. west of Ottawa. Salary to be arranged. Full maintenance. 44-hr. wk. 1-mo. vacation with pay after 1 yr. service. Sick leave & statutory holidays. Apply stating experience, age & references to Superintendent, Pontiac Community Hospital, Shawville, Que.

Superintendent of Nurses (1). Graduate Nurses (2) for 22-bed hospital. Basic gross salary: $300 & $240 respectively. Annual vacation: 1-mo. & 3-wk. respectively plus 8 statutory holidays. Cumulative sick leave. Good working conditions. Separate modern nurses' residence. Phone or write to Sec.-Manager, Union Hospital, Hafford, Sask.

Educational Director for 370-bed General Hospital in resort community, to assist in initial planning for new professional school of nursing. Degree in nursing education, with experience in a working dept. required. Salary open. Liberal employee benefits. Apply Director of Personnel, Seaside Memorial Hosp., 1401 Chestnut Ave., Long Beach 13, Calif.

Director of Nurses for 80-bed General Hospital. Fully accredited by the Joint Commission on Accreditation of Hospitals. Salary open. Excellent personnel policies & employees benefits. Experience & degree preferred. Apply Administrator, Sidney A. Sumby Memorial Hospital, Visger Road at Palmerston St., River Rouge 18, Michigan.

Operating Room Supervisor with postgraduate training capable of organising facilities in new 60-bed hospital. Excellent living accommodations in new nurses' residence. Direct inquiries to the Superintendent of Nurses, Campbell River & District General Hospital, Campbell River, British Columbia.

Nursery Supervisor for new Nursery Unit. Postgraduate study or previous experience desired. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Operating Room Supervisor, Instructor for school of nursing (50 students), **Registered Nurses** for obstetrical floor (20-bed unit) for 200-bed accredited General Hospital. Duties to begin August 1, 1957. Excellent personnel policies. Apply Superintendent, General Hospital, Cornwall, Ontario.

Supervisor of Nurses for active 18-bed hospital. Excellent salary. 3-wk. vacation after 1-yr. service. Statutory holidays. Sick leave benefits. Apply to Administrator, District Hospital, Shelburne, Ontario.

Supervisor of Nurses. 44-hr. wk. Living accommodation available. State experience & salary required. **Registered Nurses (Immediately).** 44-hr. wk. $235 per mo. Annual increase. Living accommodation. **Operating Room Nurse (1).** Please state experience & salary required. 42-bed General Hospital in attractive surroundings. Please address applications to the Chairman, Hospital Board, General Hospital, Sioux Lookout, Ontario.

Supervisor of Nurses, minimum salary: $3,800. **Public Health Nurse,** minimum salary: $3,000 with allowance for experience for generalized program. Pension, sick leave & Blue Cross plans available. 4-wk. vacation. Car provided or 9¢ mileage paid. Apply T. H. Alton, Sec.-Treas., Bruce County Health Unit, P.O. Box 70, Walkerton, Ontario.

Assistant Head Nurses & Staff Nurses. Excellent personnel policies. Apply Director, Shriners Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Assistant Supervisor, Women's Pavilion (Experienced Obstetrical Nurse with administrative ability). Salary range: $283.50-$323.50 per mo. 40-hr. wk. B.C. registration required. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, British Columbia.

Assistant Supervisor, (Operating Room) salary commensurate with qualifications & experience, $250-$280 per mo., **General Duty Nurses, $225-$260.** For air conditioned Operating Room in 100-bed General Hospital located on the shore of Lake Erie, 18-mi. from Buffalo. Well qualified surgical staff. Residence accommodation available. Good personnel policies. Apply Director of Nursing, General Hospital, Port Colborne, Ontario.

Clinical Instructor for 110-bed hospital. Apply Superintendent, Charlotte County Hospital, St. Stephen, New Brunswick.

Instructors (2) for 300-bed accredited General Hospital. School of Nursing (92 students.) 1 class annually. 44-hr. wk. 1 mo. vacation. 8 statutory holidays. Sick leave. Pension plan. Apply Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

Nursing Arts Instructor for General Hospital School of Nursing (Approx. 75 students). Fall class only. Postgraduate course necessary. Pleasantly located & interesting city. Hospital new in 1950. Excellent personnel policies. Apply Director of Nursing, General Hospital, Stratford, Ontario.

Pediatric Head Nurse with postgraduate or equivalent experience, Operating Room Nurses & General Duty Nurses for 110-bed hospital in the Fraser Valley, 68 mi. from Vancouver with good bus service. Personnel practices in accordance with the R.N.A.B.C. policies. Accommodation in residence if desired. Further particulars available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

Central Supply Room Head Nurse for 200-bed hospital. For information apply Assistant Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Registered Nurses & trained Nursing Aides for large expanding City Hospital in Edmonton, Alberta. Experience available in all depts. including Operating Rooms & Case Rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave & vacation allowances. General Duty: $220-$240 per mo. Staff Nurses: $240-$270 per mo. Certified Nursing Aides: $150-$170 per mo. Meals & laundry included. Fare will be advanced if necessary. For particulars apply to the Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Registered Nurses (Staff Duty) for 250-bed General Hospital. For further information apply to Director of Nursing, Union Hospital, Moose Jaw, Saskatchewan.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $300 with 4 annual increases to $341. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

General Staff & Operating Room Nurses for 370-bed approved General Hospital with intern & resident program. Pleasant resort city 21 mi. from Los Angeles. Starting salary: $275 per mo. with $15 merit increases at 6, 12, 24, 36 mos. 40-hr. wk. Liberal employee benefits. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses for new, modern 170-bed hospital in sunny Los Angeles, California. In-service education & opportunities for advancement. California registration required. Starting salary: $300 to $315 per mo. for 40-hr. wk. Increases during the year. Paid hospitalization & many other benefits. Write to Director of Nurses, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, California.

Attention Registered Nurses — Apply Now! Staff positions available starting June '57 for 400-bed country hospital located 2 hr. drive from either San Francisco or mountain resort areas. Starting salary: $304 with shift differential of $10. Specialty service differential also. Rooms available in nurses' home for $15 per mo. Laundry & meals available for a reasonable sum. 40-hr. wk. 3-wk. vacation at end of 1 yr. 11 holidays yearly & compensatory sick time. Apply Director of Nurses, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses for fully accredited, private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range: $320.05-$346. Shift bonus: $26, afternoons — $17, nights. Progressive personnel policies. Excellent cafeteria & attractive rooms at reasonable rates. Please indicate type of service preferred. Apply Director of Nursing, Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois.

Staff Nurses for 500-bed General Hospital. 40-hr. wk. Beginning salary: $325 per mo. with advancement to $360 for those eligible for registration in the State of Michigan. Additional differential $1.50 per afternoon or night. Hospital & school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

Staff Nurses for modern 650-bed Tuberculosis Hospital affiliated with Western Reserve University approved by joint commission on accreditation of hospitals. 40-hr., 5-day wk. Beginning salary: $286 with automatic increases. Advancement for eligible applicants. Full maintenance available at minimum rate, housing for 2 or more nurses. Meets approved minimum employment standards of the State Nurses" Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Staff Nurses (Rotating) for General Services. Starting salary: $290. Extended evening, night & operating room: $304 per mo. 900-bed teaching hospital in resort twon near large city. Professional & recreational opportunities. Apply Director, Nursing Service, The University of Texas, Medical Branch, Galveston, Texas.

Registered General Duty Nurses, 2: immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

Registered General Duty Nurses (Immediately) for 16-bed hospital. Starting salary: $220 per mo. less $30 for maintenance. Increases of $5.00 every 6-mo. for 3 yr. $10 extra for 2-wk. night duty. Nurses' home available. 1-mo. vacation with pay plus statutory holidays after 1-yr. service. Sick leave. Apply Sec.-Treas., Municipal Hospital, Smoky Lake, Alta.

Registered Nurses for modern 20-bed hospital. Salary: $200 per mo. plus maintenance. $5.00 increase every 6-mo. to maximum of $220. Good working conditions & living quarters. Vacation after 6-mo. at rate of 2½ days for each mo. of work, maximum 30 days. Statutory holidays. 8-hr. rotating shifts. Apply to Deloraine Memorial Hospital, Deloraine, Manitoba.

Registered Nurse for 40-bed northern hospital. Experienced in X-ray, laboratory & operating rooms & to act as assistant to Matron. For complete information write Matron, Yellowknife District Hospital, Yellowknife, N.W.T.

Registered Nurses. Salary: $225 per mo. gross. 5-day wk. Single room residence, 20 miles east of Toronto. Apply Supt., Ajax & Pickering General Hosp., Ajax, Ont.

Registered Nurses, Certified Nursing Assistants for general duty. 44-hr. wk. Annual vacation with pay. Statutory holidays. For further information apply Director of Nurses, General Hospital, Cobourg, Ontario.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered Nurses (2) for 60-bed hospital. Salary: $180 plus full maintenance. Increment after 1 yr. service for 4 yrs. 8-hr. duty. 28 days vacation. Residence accommodation. Apply Supt. of Nurses, Alexandra General & Marine Hospital, Goderich, Ont.

Registered Nurses for General Duty. Initial salary: $200 per mo., with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered Nurses for 73-bed General Hospital situated on Lake of the Woods. Salary range for General Duty: $215-$245 depending upon satisfactory service, past experience & length of employment. 30-day paid vacation, 7 statutory holidays per yr. 14-day sick leave after 1-yr. employment. Resident accommodation available if desired. Facilities for recreation & church activities available. Apply Supt., General Hospital, Kenora, Ont.

Registered General Duty Nurse for new 28-bed hospital in northern Ontario. Salary: $215 minimum, $245 maximum per mo. 44-hr. wk. Rotating shifts. 28-day annual vacation. 8 statutory holidays. New residence. Apply Superintendent, Bingham Memorial Hospital, United Church of Canada, Matheson, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Good salary & personnel policies. Adjacent attractive residence. Recreational facilities. For further particulars apply Miss Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses for modern 300-bed accredited hospital. Excellent personnel policies. Rotating shifts. For further information apply Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

Registered General Duty Nurses for 200-bed General Hospital, Salary $235 per mo. with annual increase. 5½ day wk. Good personnel policies. Apply Director of Nursing, General Hospital, Sault Ste. Marie, Ontario.

Registered Nurses for General Duty & Operating room for modern 100-bed hospital in south western Ont. Basic salary: $210 per mo. plus increments, plus shift differential. 5½-day wk. average. 21-day vacation, 7 statutory holidays. Sick leave benefits. Residence accommodation available. **Apply Director of Nurses, District Memorial Hospital, Tillsonburg, Ont.**

Registered General Duty Nurses for County Hospital in Huntingdon, 45 mi. from center of Montreal. Excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. 2 theatres, bowling, curling & dancing. 8 mi. from summer resort on Lake St. Francis & 12 mi. from U.S. border. Gross salary: $215 per mo. Three $5.00 increases at 6-mo. intervals to maximum $230. 44-hr. wk., 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 2-wk. sick leave. Blue Cross paid. 1 mo. annual vacation, all statutory holidays. Apply Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Que.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' reseidence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses for Recovery Room, Central Supply, Head Nurse & General Duty. New salary scale & personnel policies on request. Apply stating age, experience, when available, salary expected to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Que.

Registered Nurses. Good salary. Excellent living accommodation in the Laurentians. **Trained Attendants or Practical Nurses.** Diploma necessary. Ideal working conditions. Pension plan & other benefits. Apply to Superintendent of Nurses, P.O. Box 420, Ste-Agathe des Monts, Que.

Registered Nurses for modern 52-bed hospital in English speaking community, 50-mi. from Ottawa. Salary: $175 per mo. $5.00 extra for evening & night duty (3-wk.) Straight 8-hr. duty with full maintenance. 44-hr. wk. Statutory holidays, sick leave & annual leave. Fare advanced if required. Apply Superintendent, Pontiac Community Hospital, Shawville, Quebec.

Registered Nurses, Auxiliary Nurses, rotating shift, **Orderly** for night duty for 68-bed hospital. Salary scale of A.N.P.Q. in effect. For further particulars apply Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

Registered Nurse (1), Certified Aide (1) for 24-bed hospital in town of 1,700 pop. Commencing salary: R.N.'s, $230 per mo., Certified Aide, $150 per mo. less $30 per mo. perquisites for each. Residence on hospital grounds. Apply Matron, Union Hospital, Eston, Saskatchewan.

Registered or Graduate Nurses for general duty for 20-bed modern hospital. Salary: R.N's, $230 — Grad. $220. Increment after each 6-mo. service. Maintenance: $30 per mo. 1-mo. vacation with pay after 1-yr. service. Separate staff residence. Apply Matron or Secretary-Manager, Riverside Memorial Hospital, Turtleford, Saskatchewan.

Nurses (eligible for California Registration) for staff positions, all shifts. Basic salary: days, $305 — afternoons, $325 — nights, $315 — also specialty differentials. 6-mo. increase for 3-yr. 40-hr. wk. 2-wk. vacation per yr. 8 paid holidays. Sick leave. Complete health coverage & $1,000 life ins. Temp. housing available. Opportunity for advancement. Apply Director of Nursing, Kaiser Foundation Hospital, Los Angeles, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Nurses — eligible for registry — immediate openings for general duty & surgery. Starting salary: $275 per mo. 40-hr. wk. Maintenance furnished if desired. Hospital located 12 mi. south of Portland with educational & cultural advantages; near mountains & seashore. Apply to Director of Nurses, Oregon City Hospital, 515 Tenth St., Oregon City, Oregon.

Registered Nurses for staff nursing in new & beautifully equipped 100-bed hospital in the Pacific northwest. Only 6 mi. from the Pacific Ocean. Delightful climate. Beginning salary: $290 for 40-hr. wk., $10 additional for p.m. & night duty. Apply Director of Nurses, County General Hospital, Tilamook, Oregon.

General Graduate Nurses. Salary: $3,240-$3,720. 44-hr. wk. Residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply to Superintendent of Nurses, Baker Memorial Sanatorium, Calgary, Alberta.

Graduate Nurses (2) for 50-bed Children's Hospital near Victoria on Vancouver Island. Living accommodation in cottages overlooking the sea. For further particulars write, stating age & qualifications, to Director of Nursing, Queen Alexandra Solarium, Cobble Hill, B.C.

Graduate Nurse (1) with O.R. experience for August 1st for 28-bed hospital, pleasant surroundings. Salary: $250 per mo. less $40 per mo. room, board & laundry. 4-wk. vacation after 1 yr. service. 1½ days per mo. sick leave, yearly accumulative. Nice nurses' home. Please apply Administrator, Community Hospital, Grand Forks, B.C.

General Duty Nurses (2) for 18-bed hospital (situated in beautiful district) for the end of June. Standard B.C. salaries. 40-hr. wk. Yearly vacation & statutory holidays. Room & board $30 per mo. Apply Matron, Arrow Lakes Hospital, Nakusp, British Columbia.

Graduate Nurses for 33-bed General Hospital at Espanola (45 mi. from Sudbury). Salary: $230 to $250 gross per mo. Blue Cross & laundry provided. Apply Superintendent, General Hospital, Espanola, Ontario.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town. **Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital** Orangeville, Ont.

Graduate Nurses for general staff duty in a tuberculosis hospital for treatment of adult medical patients. For further information, apply to Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Graduate Nurses (2) for new model 7-bed hospital in south central Saskatchewan. Salary: $242 plus $5.00 semi-annual increments, less $30 per mo. room & board. 3-wk. vacation annually plus statutory holidays. Apply Mrs. Dorothy L. Knops, Sec.-Treas., Union; Hospital, Rockglen, Saskatchewan.

Graduate Nurses Needed! Essex County Hospital, Belleville, New Jersey is a general hospital with a rehabilitation unit located 30 min. from New York City. Beginning salary: $3,522 per annum with $199 annual increment. $30 additional for evening duty & $20 for night duty. 40-hr. wk. Liberal vacation, holiday & accumulative sick time. Hospital & medical-surgical insurance paid by county. Apply Director of Nursing.

Graduate Nurses for 398-bed J.C.A.H. non-sectarian, research & teaching hospital with N.L.N. fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Housing available at reasonable rates. Apply Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

General Duty Nurse for 17-bed hospital. Salary: $200 gross. $5.00 per mo. increase after each 6 mo. up to 3 increases. Transportation refunded after 6-mo service. 1 mo. vacation after 1-yr. service. 2-wk. sick leave each yr. paid for if not used. Apply Municipal Hospital, Elnora, Alberta.

General Duty Nurses for the R.W. Large Memorial Hospital of the United Church of Canada, at Bella Bella, B.C. 300-mi. north of Vancouver on the B.C. coast. Salary: $240 per mo. less $40 for room, board & laundry of uniforms. 2 annual increments of $5.00 per mo. Sick time: 1½ days per mo. cumulative. 1 mo. annual vacation plus 10 days in lieu of statutory holidays. Transportation refunded after 1 yr. Apply Matron.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses. Royal Inland Hospital, Kamloops, B.C.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses & Operating Room Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses. Starting salary: $248 per mo., $10 additional for 2 yr. continuous past experience. 4 annual increments of $10 per mo. to B.C. Reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurses' residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurses (Immediately) for 500-bed hospital. 40-hr. wk. 28-day vacation. 10 statutory holidays. Cumulative sick leave. Credit for past experience. Apply Director of Nurses, St. Joseph's Hospital, Victoria, British Columbia.

General Duty Nurses (3) for 10-bed hospital in historic Cariboo Gold Trail District. Monthly salary: $255. Full maintenance: $45 per mo. 44-hr. wk. 30-day vacation. 10 statutory holidays. Apply Matron, Gold Quartz Hospital, Wells, British Columbia.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses' residence. For further information apply to Superintendent of Nurses.

General Duty Nurses, Graduate Nursing Assistants & X-Ray Technician for 40-bed General Hospital. Excellent personnel policies. For further information apply Superintendent, Queens General Hospital, Liverpool, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for 86-bed hospital. Gross salary: $190 to $210 for Registered Nurses. 44-hr. wk. Statutory holidays. Employee benefits. Living accommodation available. Collingwood is situated in the heart of vacation land on Georgian Bay, with 7 mi. of sand beach, & is noted in winter for its great skiing on the Blue Mts. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

McKellar General Hospital, Fort William, Ontario, requires nurses interested in Medical Nursing, Pediatrics & Operating Room. Basic salary: $225 per mo. Good personnel policies. Please apply to The Director of Nursing.

General Duty Nurses for 107-bed accredited hospital. Starting salary: $240 per mo. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ontario refunded after 6-mo. service. 44-hr. wk. 21-day vacation with pay, 8 statutory holidays, accumulated sick time. Medical & hospital plan subsidized. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ontario.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $215 per mo. if registered in Ontario, $205 per mo., until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Liberal personnel policies. Residence facilities available. Apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurse for 10-bed hospital. Salary: $230 per mo. (when registered in Sask.) with $5.00 increment after each 6-mo. service up to $250. **Matron's** position starting at $265 per mo. open after **Aug. 1.** Apply Matron, Union Hospital, Dinsmore, Saskatchewan.

General Duty Nurses (2), Trained Nursing Assistant (1) immediately for modern 23-bed hospital. Nurses' salary: $230 per mo. with 6 increments of $5.00 every 6-mo. 28-day vacation after 1-yr. service. 15 days sick time accumulative to 90 days. Nursing Assistant's salary: $148.50 with 3 increments of $5.00 every 6-mo. Apply stating qualifications to Miss O. M. Purdy, Supt. of Nursing, Union Hospital, Rosthern, Saskatchewan.

General Duty Nurses for 466-bed hospital. Salary' $300, California registered; $270 Canadian registered. $15 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, California.

General Duty Nurses. Operating Room Nurses for 64-bed acute treatment, fully accredited hospital in northern California. Excellent living conditions. For full details at once on salaries, working conditions, paid vacations, paid holidays, paid sick leave & other benefits apply to Director of Nursing Services, Woodland Clinic Hospital, Woodland, California.

Assistant Surgical Nurse for new 60-bed hospital. Excellent living accommodation in new nurses' residence. Direct inquiries to the Superintendent of Nurses, Campbell River & District General Hospital, Campbell River, British Columbia.

Operating Room Nurse (Immediately with 2 or 3 yr experience in operating room technique). Excellent opportunity for qualified person. New hospital construction to be commenced shortly. Basic salary: $235 plus $10 'on-call' allowance, plus credit for P.G. & 2-yr. satisfactory experience. Board & lodging available: $45 per mo. Apply stating age, qualifications & experience to Acting Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

Operating Room Nurses. Registered Nurses. Registered Certified Assistants for 60-bed hospital, 51 mi. from Ottawa & 12 mi. from Smith's Falls. Additional salary allowed for postgraduate course. For personnel policies apply Superintendent of Nurses, The Great War Memorial Hospital, Perth, Ontario.

Operating Room Nurse for 100-bed hospital. Salary: $230 minimum, depending on qualifications. For information apply to Director of Nursing, Norfolk General Hospital, Simcoe, Ontario.

Delivery Room Nurses (to rotate hours of duty) for new Obstetrical Dept. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Floor Duty Nurses for modern 50-bed General Hospital. Salary: **$235 per mo. gross** for registered nurses. Annual increment $60; extra pay for shift work. Apply Superintendent, Leamington District Memorial Hospital, Leamington, Ontario.

Licensed Practical Nurses (Male & Female). Staff positions available on general staff & special departments for 250-bed non-sectarian hospital located on beautiful Allison Island, Miami Beach, Florida. Accommodations for living in are available. Apply Director of Nursing Service, St. Francis Hospital, Miami Beach, Florida.

X-Ray Technician (Female). registered preferred, to take charge of dept. in 100-bed accredited hospital. For further details apply to Administrator, Norfolk General Hospital, Simcoe, Ontario.

Dictaphone Operator (Bilingual—Immediately) for medical records dept. 5½ day wk. Salary commensurate with experience. Apply Brome-Missisquoi-Perkins Hospital, Sweetsburg, Quebec.

Baker Memorial Sanatorium, Calgary, Alberta offers to Graduate Nurses a 6-mo. postgraduate course in Tuberculosis. Salary: $3,240-$3,720 per annum. 44-hr. wk. Residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Possible opportunity for permanent employment. Apply to Superintendent of Nurses.

Supervisor (qualified.) Good salary. Extra allowance for experience if French speaking. 5-day wk., 4-wk. vacations, 18 days sick leave accumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses for rural Health Unit in Alberta. For particulars apply to the Medical Officer of Health, Minburn-Vermilion Health Unit, Vermilion, Alberta.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurses (Qualified) for generalized program. Salary: $3,000 to $3,600. Annual increment: $150. 5-day wk. Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

Public Health Nurses. Minimum salary: $3,000 with annual increases of $150 per yr. for 4 successive yrs. 38-hr. wk. 3-wk. vacation with pay. All statutory holidays. 2 days per mo. sick leave accumulative to 48 days. Uniforms provided. Apply W. M. Abraham, Sec.-Treas., Kent County Board of Health, 7th St., Chatham, Ontario.

Public Health Nurses for generalized program in Seaway Development Area. Group ins. & Blue Cross available. Good transportation policy. Apply R. S. Peat, M.D., Medical Officer of Health, S. D. & G. Health Unit, 38 Augustus St. Cornwall, Ontario.

Public Health Nurses for Wentworth County Health Unit. Salary schedule: $3,000-$3,600. 5-day wk. 4-wk. vacation with pay. Sick leave credits. Blue Cross & medical plan available. Pension plan. Liberal car allowance, loans on purchase of car available. Apply giving experience & qualifications to A. F. Stewart, National Revenue Building, Hamilton, Ontario. Phone, JA. 8-2581.

Public Health Nurse (Qualified) for generalized program City of Kingston Health Dept. Salary range: $3,000-$3,700. 5-day wk. Hospitalization plan & P.S.I. benefits available. Transportation provided. Apply to R.A. Kelly, M.D., Medical Officer of Health, Dept. of Health, 93 King St. W., Kingston, Ontario.

Public Health Nurses (Bilingual) for Health Unit. Minimum salary: $2,800 with allowance for previous experience & annual increments. 5-day wk. Car provided or allowance for own car. Blue Cross & sick leave. Apply to Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ontario.

Public Health Nurses (Qualified) for generalized public health service in rural-urban area. 4-wk. vacation. Pension plan. Accumulative sick leave. Please apply Dr. A. F. Bull, Medical Officer of Health, Halton County Health Unit, Milton, Ontario.

Public Health Nurse (1) for generalized program including bedside nursing. 1 mo., vacation after 1-yr. Blue Cross & group insurance available. Interest free loan for purchase of car, 9¢ per mi. car allowance. Apply to Dr. J. I. Jeffs, Health Unit, Napanee, Ontario.

Public Health Nurses for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit. Newmarket, Ont.

Public Health Nurses (Qualified) for generalized program in urban area. Starting salary without previous experience: $3,100. Transportation provided. 5-day wk. Pension & hospitalization plans employer shared. Apply Miss Gertrude H. Tucker, Supervisor, Public Health Nursing, Board of Health, City Hall, 50 Centre St., Oshawa, Ontario.

Public Health Nurses (2) for generalized program in city of 43,000. Blue Cross & P.S.I. employer shared. Transferrable accumulative sick leave & pension plans. Workmen's Compensation. Group insurance available. Transportation provided or allowance — 10¢ first 2,000 mi., 8¢ per mi. thereafter. 5-day wk. 1 mo. vacation with extra time at Christmas. Salary scale: $3,000 for inexperienced nurses to start with annual increments of $150. All starting salaries dependent on experience. For further information please write supplying details of training & experience to Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurse for suburban Sault Ste. Marie, Ont. R.N.A.O. salary schedule. Allowance for experience. Transportation provided. Arrangements can be made for personal use of car. Apply to Dr. J. E. Gimby, M.O.H., 235 Wellington St. W., Sault Ste. Marie, Ontario.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative). Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: $3,388-$3,834. Starting salary based on experience. Annual increments, 5-day wk. Vacation. Shared hospitalization. Sick pay & pension plan benefits. Apply Personnel Department, Room 320, City Hall, Toronto, Ontario.

Public Health Nurses (Qualified) for York Township Health Dept., metropolitan Toronto. Expanding program. Minimum salary: $3,310.80. Consideration for previous experience. Will be pleased to discuss program & personnel policies. Apply Personnel Dept., 2700 Eglinton Ave. W., Toronto 9, Ontario.

Public Health Nurse. Salary: $3,600-$4,240. Liberal personnel policies. 37½-hr. wk. Semi-urban, semi-rural area. Car furnished. Generalized program including school service. Apply Director, Visiting Nurse Association, Bernardsville, New Jersey.

NURSING ARTS INSTRUCTOR

for the

SASKATOON CITY HOSPITAL
SASKATOON, SASKATCHEWAN

SALARY: $3,060-$3,840 PER ANNUM. 40-HR. WK.

Liberal vacation with pay. 21-days sick leave annually, accumulative. Superannuation plan.

APPLY TO DIRECTOR OF NURSING.

Public Health Nurses (Qualified) for the Toronto Branch, Victorian Order of Nurses. Salary range: $3,250-$3,700. Starting salary based on experience. Annual increments. $100 uniform allowance. 5-day wk. 4-wk. vacation. P.S.I. & Blue Cross available. Pension plan benefits. Apply Director, 281 Sherbourne St., Toronto, Ont. Wa. 1-3184.

Director of Nursing for Children's Hospital on Vancouver Island. Present 50-bed hospital, located by the sea 28-mi. from Victoria, is to be replaced by new 64-bed hospital (with provision for expansion to 96-beds) now under construction in Victoria. The new building is located on a 60-acre seashore site & is expected to be completed by the end of 1957 or early in 1958. Hospital is fully accredited by the Joint Commission on Accreditation of Hospitals. Applicants must be registered or eligible for registration in B.C., with qualifications or experience in nursing administration. The hospital is governed by a charitable society & serves the whole province of B.C. For full details write, stating age & qualifications to the Administrator, Queen Alexandra Solarium for Crippled Children, Cobble Hill P.O., Vancouver Island, B.C.

Hospital Superintendent for 35-bed hospital (duties to commence November 1, 1957). Complete staff at present time. Personnel policies will be sent upon request. Apply stating references, age, experience & religion to Mrs. I. Garrow, Sec.-Treas., County of Bruce General Hospital, Walkerton, Ontario.

Matron, General Duty Nurses (2) for 23-bed hospital. Top salaries. 1-mo. vacation a yr. Separate nurses' residence. Maintenance: $25 per mo. Sick leave. Apply to the Matron, Union Hospital, Spiritwood, Saskatchewan.

Clinical Instructors (3), immediately. Medical-Nursing (1), Medical-Surgical Nursing (1), Obstetrical Nursing (1). Good personnel policies. Apply to Director of Nursing, Victoria Hospital, London, Ontario.

Staff Nurses — Come & work at Merced County General Hospital (244-beds). Merced — The Gateway to Yosemite National Park & 3-hr. from San Francisco. No rotation of shifts. 40-hr. wk. Annual vacation, liberal holidays, sick leave. Liberal salary per mo. with evening & night differentials. Nurses' residence available for $10 per mo. Write to Director of Nursing Services, County General Hospital, Merced, California.

Registered General Duty Nurses for new 47-bed General Hospital in friendly town (Cariboo dist. in B.C.). Starting salary: $235 per mo. Annual increments. 1-mo. vacation, 10 statutory holidays. Modern nurses' residence. Lodging, $25. Transportation allowance. Apply Administrator, G.R. Baker Memorial Hospital, Quesnel, B.C.

Registered Nurse (1) immediately for 16-bed hospital in southern Manitoba. Starting salary: $185 with full maintenance. Usual vacation time & sick leave. All statutory holidays. 8-hr. rotating shift. Apply Mrs. E. Green, Supt., Memorial Hospital, Crystal City, Manitoba.

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Association of Registered Nurses

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec Incorporated February 14, 1920.

Pres., Mlle Eve M. Merleau, 3201 ave Forest Hill, Montréal; Vice-Pres., *(Eng.),* Sr. M. Felicitas, Miss E. Geiger; *(Fr.),* Mlles F. Verret, L. Couet; *Hon. Sec.,* Sr. J. Forest; Hon. Treas., Miss M. M. Wheeler; *Councillors:* Mlles L. Lapointe *(Dist. 1),* R. Aubin *(Dist. 3),* Marie-Jeanne Clairmont *(Dist. 5),* A. Mailloux *(Dist. 7),* G. Lamarre *(Dist. 9).* The above constitute the *Executive Council* and are *Members of the Committee of Management, together with:* Mlles G. Gosselin, M. Gauthier, M. Jalbert, A. Girard, J. Reynolds, J. Ouimet, Misses G. Purcell, A. Christie, Mmes R. M. Duhaime, J. Morency, Srs. St-François-Xavier, Barcelo. *Advisory Committee:* Misses R. Chittick, J. Radley-Walters, C. Aitkenhead, E. C. Flanagan, C. V. Barrett, H. Lamont, Mlles A. Martineau, J. Gagnon, S. Pilon, Srs. Valérie de la Sagesse, St-Ferdinand, D. Lefebvre. *Committee Chairmen: Nursing Education,* Sr. D. Lefebvre, Miss H. Lamont; *Nursing Service,* Miss G. Purcell, Mlle G. D. Côté. *Chairmen, Board of Examiners (Eng.),* Miss A. Haggart, Royal Victoria Hosp., Montreal; *(Fr.),* Mlle J. Trudel, Hôpital Ste-Justine, Montréal. **Sec.-Registrar, Miss A. Winonah Lindsay. Visitor to French Schools of Nursing, Mlle Suzanne Giroux, Association Headquarters, 640 Cathcart St., Montreal.**

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Saskatchewan Registered Nurses' Association (Incorporated 1917)

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Alumnae Associations

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MANITOBA

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